# Public Document Pack



## ABERDEEN
### CITY COUNCIL

To: All Members of the Council

Town House,
ABERDEEN, 28 September 2016

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# COUNCIL

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The Members of the **COUNCIL** are requested to meet in Council Chamber - Town House on **THURSDAY, 6 OCTOBER 2016 at 10.30am.**

FRASER BELL
HEAD OF LEGAL AND DEMOCRATIC SERVICES

## B U S I N E S S

1    Determination of Exempt Business

2    Requests for Deputations

### MINUTES OF COUNCIL

3(a)    Minute of Meeting of Council of 17 August 2016 - for approval (circulated separately)

### BUSINESS STATEMENT, MOTIONS LIST AND OTHER MINUTES

4(a)    Business Statement  (Pages 5 - 8)

### REFERRALS FROM COMMITTEES IN TERMS OF STANDING ORDER 36(3)

5(a)    None to date

# GENERAL BUSINESS

6(a) <u>Vacation of Office</u> (Pages 9 - 10)

6(b) <u>Powering Aberdeen - Approval of Final Document</u> (Pages 11 - 96)

6(c) <u>The Publication of the Report of the Joint Inspection of Health and Social Work Services for Older People</u> (Pages 97 - 178)

6(d) <u>Bon Accord Care Annual Performance Report 2015/16</u> (Pages 179 - 206)

6(e) <u>Ethical Care Charter (to follow)</u>

6(f) <u>Future Primary Education Provision in Tillydrone and Old Aberdeen (to follow)</u>

6(g) <u>City Centre Masterplan Project EN01: Broad Street - Design, Cost and Implementation (to follow)</u>

# MOTIONS

7(a) <u>Motion by Councillor Delaney</u>

"That Council:-

1. Deplores First Aberdeen's intention to terminate the X40 service to Kingswells at the end of this year, effectively leaving an entire community without access to public transport.

2. Instructs the Director of Communities, Housing and Infrastructure to seek a meeting with First Aberdeen to seek to reverse this decision and to further emphasise the need for services to be provided to all areas of Aberdeen.

3. Instructs the Director of Communities, Housing and Infrastructure to look at all available options including meeting with alternative public transport operators to explore the possibility of them providing a service to Kingswells.

4. Instructs the Chief Executive to seek a meeting with the Transport Minister and to meet with Group Leaders to consider how best to ensure that Kingswells residents are not left without a service and investigate how best to protect our communities across Aberdeen from further service withdrawals."

**<u>BUSINESS THE COUNCIL MAY WISH TO CONSIDER IN PRIVATE</u>**

8(a)   <u>City Centre Masterplan Project EN01: Broad Street - Design, Cost and Implementation - Appendix (to follow)</u>

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http://committees.aberdeencity.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13013&path=13004

Should you require any further information about this agenda, please contact Martyn Orchard, tel. 01224 523097 or email morchard@aberdeencity.gov.uk

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# COUNCIL

# BUSINESS STATEMENT

# 6 OCTOBER 2016

Please note that this statement contains a note of every report which has been instructed for submission to Council. All other actions which have been instructed by the Council are not included, as they are deemed to be operational matters after the point of decision.

## Reports which are overdue are shaded

| No. | Minute Reference | Council/Committee Decision | Update | Lead Officer(s) | Report Due |
|-----|------------------|----------------------------|--------|-----------------|------------|
| 1. | Council 11.05.16 Article 19 | **Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan**<br><br>The Council instructed officers to report back with (a) an update on implementation of the governance structure; and (b) a final draft of Powering Aberdeen for approval, including the findings of the public consultation. | This report is now expected to be submitted to Council on 6 October 2016.<br><br>A report is on the agenda. | Director of Communities, Housing and Infrastructure | 17.08.16 |
| 2. | Council 17.08.16 Article 24 | **Berryden Corridor Improvements**<br><br>The Council adopted option 5 as the preferred option for the Caroline Place junction and instructed officers to progress the detailed design on this basis to enable the Compulsory Purchase Order (CPO) to come to the October meeting of the Council. | Officers are reviewing the preparation of the CPO in terms of the preferred design and the legal requirements of the process. It is intended that the report be prepared for the 14 December Council meeting but officers propose to present the report to members before December for a decision to proceed with compulsory purchase should the order be ready ahead of that meeting. | Director of Communities, Housing and Infrastructure | 06.10.16 |

| No. | Minute Reference | Council/Committee Decision | Update | Lead Officer(s) | Report Due |
|---|---|---|---|---|---|
| 3. | Council 02.03.16 Article 13 | **Integration Joint Board (IJB) for Health and Social Care**<br><br>The Council instructed the Chief Executive to provide an update report to members on matters relating to the IJB that she considered to be of interest to them at the Council meetings of 17 August and 14 December 2016 and quarterly thereafter, such reports including financial monitoring information in relation to the IJB. | | Chief Executive | 14.12.16 |
| 4. | Council 31.10.13 Article 17 | **Community Planning Aberdeen - Development Plan**<br><br>The Council agreed to receive six monthly updates on progress with the implementation of the Development Plan. | The Council received the last six month progress report on 29 June 2016. | Director of Communities, Housing and Infrastructure | 14.12.16 |
| 5. | Finance and Resources 12.11.09 Article 22 | **Community Planning Partnership - Fairer Aberdeen Fund**<br><br>The Finance and Resources Committee instructed the Director of Corporate Governance to provide twice yearly updates in February and October to the Aberdeen City Alliance (now Community Planning Aberdeen) and the Corporate Policy and Performance Committee on the outcomes achieved through the investment of the Fairer Scotland Fund (now Fairer Aberdeen Fund). | The Council received the last six month progress report on 29 June 2016. | Director of Communities, Housing and Infrastructure | 14.12.16 |

| No. | Minute Reference | Council/Committee Decision | Update | Lead Officer(s) | Report Due |
|---|---|---|---|---|---|
| 6. | Council 17.08.16 Article 20 | **Affordable Housing Delivery**<br><br>The Council instructed the Chief Executive to develop specific actions to accelerate the delivery of housing in the city and report any actions which need agreement by Council to its meeting in December 2016. | | Chief Executive<br><br>Director of Communities, Housing and Infrastructure | 14.12.16 |
| 7. | Council 17.08.16 Article 16 | **Corporate Parenting**<br><br>The Council considered the annual report on progress with the implementation of the corporate parenting responsibility and instructed officers to report back on the further implementation of the corporate parenting responsibility to Council in 2017. | | | 23.08.17 |
| 8. | Council 24.06.15 Article 13 | **Local Authority Community Covenant**<br><br>The Council agreed to receive a report at a future meeting once the Scottish Government had reviewed the Scottish Veterans Commissioner's report *Transition in Scotland* and decided how it wishes to take its recommendations forward. | | Chief Executive | Upon review by the Scottish Government |
| 9. | Council 06.03.13 Article 16 | **Welfare Reform**<br><br>The Council, amongst other things, approved the steps taken by officers to develop a policy and practice response and agreed to receive further reports in due | A progress report was noted by the Council on 21 August 2013. Further reports were contained within the Information Bulletin for the Council meetings on 14 May 2014 and 16 December 2015. | Director of Communities, Housing and Infrastructure | As and when required |

| No. | Minute Reference | Council/Committee Decision | Update | Lead Officer(s) | Report Due |
|---|---|---|---|---|---|
| | | course as measures were implemented. | The final outcome of discussions between the Scottish and UK Governments regarding the devolution of decisions around welfare reform is awaited. Once this is clear an update will be provided in the Information Bulletin. | | |

ABERDEEN CITY COUNCIL

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|---|---|
| COMMITTEE | Council |
| DATE | 6th October 2016 |
| LEAD OFFICER | Chief Executive |
| TITLE OF REPORT | Vacation of Office |
| REPORT NUMBER | OCE/16/038 |
| CHECKLIST COMPLETED | Yes |

1.  PURPOSE OF REPORT

    The report seeks the Council's approval to allow Councillor Jim Kiddie's absence from attending meetings to continue on an ongoing basis given his ill-health.

2.  RECOMMENDATION

    That Council agrees to approve Councillor Kiddie's absence from attending meetings on an ongoing basis due to his continuing ill-health.

3.  FINANCIAL IMPLICATIONS

    The report has no financial implications.

4.  OTHER IMPLICATIONS

    In terms of Section 35 of the Local Government (Scotland) Act 1973, if a member of a local authority fails throughout a period of six consecutive months to attend any meeting of the authority, he shall, unless the failure was due to some reason approved by the authority, cease to be a member of the authority.

5.  BACKGROUND/MAIN ISSUES

    Councillor Jim Kiddie is currently suffering ill-health. The last relevant meeting, in terms of Section 35 of the Local Government (Scotland) Act 1973, he attended was the Aberdeen International Youth Festival Trust meeting which took place on 25th April 2016.

    A period of six consecutive months of absence will elapse on 25th October 2016 and as a consequence members are requested to approve Councillor Kiddie's continued absence on an ongoing basis given his ill-health.

6.    IMPACT

The report is entirely concerned with the personal circumstances of an individual member of the Council.

7.    MANAGEMENT OF RISK

As paragraph 6 above.

8.    BACKGROUND PAPERS

None

9.    REPORT AUTHOR DETAILS

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ABERDEEN CITY COUNCIL

COMMITTEE                    Full Council

DATE                         6<sup>th</sup> October

DIRECTOR                     Pete Leonard

TITLE OF REPORT              Powering Aberdeen Approval of Final
                             Document

REPORT NUMBER                CHI/16/214

CHECKLIST COMPLETED          Yes

1.    PURPOSE OF REPORT

      The purpose of this report is to put before the Council the final version
      of Powering Aberdeen following public consultation and to approve the
      post adoption statement of the associated Strategic Environmental
      Assessment.

2.    RECOMMENDATION(S)

That the Council
(a)    approve the final version of Powering Aberdeen;
(b)    approve the Adoption Statement associated with the Strategic
       Environmental Impact Assessment undertaken on Powering Aberdeen;
       and
(c)    instruct the Director of Communities, Housing and Infrastructure to
       submit an annual report on progress in implementing Powering
       Aberdeen to the Communities, Housing and Infrastructure Committee.

3.    FINANCIAL IMPLICATIONS

      There are no financial implications associated with the specific
      recommendations made in this paper.

      • A Powering Aberdeen Programme Manager is in place to support the
        implementation of Powering Aberdeen.  Any funding necessary for
        specific projects will be sought separately as part of those projects.
      • The Strategic Environmental Assessment is complete.
      • The Powering Aberdeen Steering Committee has been established and
        will meet a minimum of twice per year and report annually.

4.    OTHER IMPLICATIONS

There are no other implications associated with the specific recommendations made in this paper.  Legal, personnel, property, equipment and health and safety issues will be considered in relation to specific projects developed under Powering Aberdeen on a case by case basis.

5.    BACKGROUND/MAIN ISSUES

A draft version of Powering Aberdeen and the associated impact assessments was set before the Council in May 2016.  Following this the Powering Aberdeen report and the associated Strategic Environmental Impact Assessment (SEA) were issued for public consultation for a period of 6 weeks from the 17th May to the 28th June 2016. The report was also circulated to all stakeholders involved in the development of the report which included representatives from organisations in the public sector, private sector and third sector organisations.

There was very limited response to the Powering Aberdeen report, the only significant comment was that Powering Aberdeen needs to better reflect the wider Economic Development Strategy for the city.  Further context has been incorporated into the Powering Aberdeen document to reflect this.  The final Powering Aberdeen document is attached as Annex 1.

The following organisations responded to the SEA:
- Scottish Environment Protection Agency (SEPA)
- Historic Environment Scotland
- Scottish Natural Heritage

A Post Adoption Statement in line with the requirements of the Environmental Assessment (Scotland) Act 2005 has been prepared which includes the specific comments made by the consultees and our responses to them.  The Post Adoption Statement is attached as Annex 2.

A  Steering Committee for Powering Aberdeen has been established and includes representatives from the following organisations:

- Aberdeen Youth Council
- ACVO
- Aberdeen City Council
- Aberdeen Inspired
- NHS Grampian
- Police Scotland
- Robert Gordon University
- Scottish Enterprise
- The University of Aberdeen

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The first meeting of the Steering Committee was held on the 9<sup>th</sup> June 2016.  The role of the Steering Committee is to oversee progress in delivering Powering Aberdeen and to help engage stakeholders across the city.   To strengthen the Governance role of the Steering Group it is proposed that they input to the annual progress report to the Council on their perception of progress made and how things can be strengthened and improved.

6.    IMPACT

**Improving Customer Experience**
Powering Aberdeen aims to improve the quality of life for the citizens of Aberdeen through amongst other things, alleviating fuel poverty, increasing energy security, improving air emissions, improving access to transport and the quality of local housing.

**Improving Staff Experience**
Through Powering Aberdeen staff can be proud that Aberdeen is seeking to reduce emissions and promote and encourage development of new business and technology to support this which will deliver improvements to the overall quality of life as set out above.

**Improving our use of Resources**
Central themes of Powering Aberdeen are to improve energy efficiency in buildings and to reduce resources which in turn will reduce emissions.

**Corporate**
- Powering Aberdeen is directly aligned to the goals and priorities set out in Aberdeen – the Smarter City. Smarter Environment, a core theme within this sets high level priorities to increase energy efficiency and introduce carbon reduction measures.
- The Community Plan and Single Outcome Agreement - sets the ambition for Aberdeen to be a socially, economically and environmentally sustainable city.
- The five year business plan 2013-2018-sets sustainable economic growth for the benefit of national outcomes as a key priority.

**Public**
Powering Aberdeen will provide opportunities for the public to become engaged in activity to reduce emissions.  Anticipated outputs from the successful implementation of Powering Aberdeen include alleviating fuel poverty, improving air emissions and access to public transport all of which will benefit the public of Aberdeen.

7.    MANAGEMENT OF RISK

There are not considered to be any risks associated with the recommendations set out in this paper.  Risks associated with specific

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projects and actions implemented as part of Powering Aberdeen will be managed through individual project / risk management processes by the lead organisation.

8.   BACKGROUND PAPERS

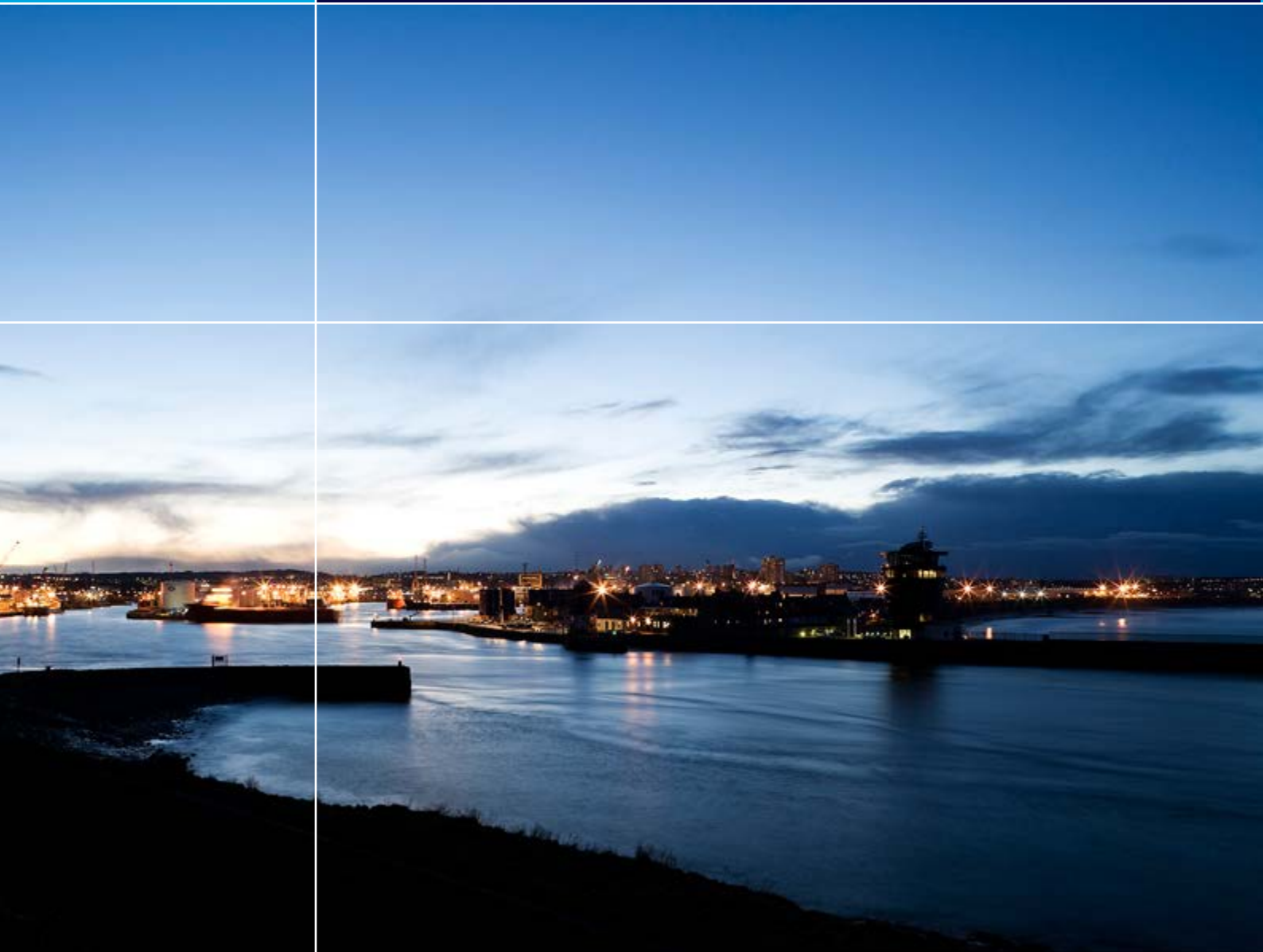Annex 1 - Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan
Annex 2 - Post-adoption Statement for Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan

9.   REPORT AUTHOR DETAILS

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# POWERING ABERDEEN:

## ABERDEEN'S SUSTAINABLE ENERGY ACTION PLAN

ABERDEEN
CITY COUNCIL

## VERSION CONTROL

| Date | Report Author | Version |
|---|---|---|
| October 2016 | Aberdeen City Council | Final |
| **Date of Quality Control** | **Quality Check** | **Approved** |
| March 2016 | Aether | May 2016 |

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# CONTENTS

# FOREWARD

I have great pleasure in introducing **Powering Aberdeen - Aberdeen's Sustainable Energy Action Plan** which sets out ambitious plans to transform Aberdeen to a smart, low carbon city.  This plan has been developed with input from wide ranging stakeholders.  Although through stakeholder consultation it has been agreed that Aberdeen City Council should champion this programme it involves the need for businesses, the public sector and citizens across the city to engage in its development and implementation.

The North East Region is a high performing regional economy whose success has been driven largely by opportunities in the oil and gas sector.  This sector is currently facing challenges due to the downward trend in oil prices.  The path to a low carbon economy offers the opportunity to support diversification of the economy, the reallocation of skills and the potential to attract new technology and innovation to the city.

We are fortunate in Aberdeen to be in a position where there are already a number of projects in the pipeline or already established that support reductions in emissions and demonstrate what is possible.  For example Aberdeen has an extensive heat network which provides low carbon, low cost heat to many homes which has helped alleviate fuel poverty and improve quality of life.  The heat network is being extended to the new build developments in Smithfield and Manor. New heat sources will be coming on stream through the planned Energy from Waste facility and the development of the proposed energy centre at the new AECC which provide an opportunity to significantly extend the city heat network to the benefit of both citizens and local businesses.

Aberdeen can show case a range of renewable technology and there is the opportunity to build on this experience.  This includes off shore wind farm developments, local-onshore applications, the most extensive hydrogen network in the UK with 10 buses operating on Hydrogen supported by what will soon be two fillings stations and the cities first community renewables project Donside Hydro.

Aberdeen City Council has an ongoing programme to reduce energy costs in buildings and infrastructure.  This has included the installation of renewable energy on public buildings, an extensive programme to refurbish and upgrade the social housing stock and conversion to LED street lighting. Aberdeen is also the home of the new Rocking horse nursery at Aberdeen University which is the first building in Scotland to achieve both Passive House accreditation and a BREEAM Excellent rating both of which require demanding energy-efficient design concepts.

In addition there is a developing city wide smart network which will make superfast broadband widely available and an extensive WiFi network.  These combined developments provide a real opportunity to manage energy more efficiently to reduce costs, better exploit decentralised energy systems and encourage behaviour change.

Despite the above developments there is still a huge amount to do to realise the full potential of this programme to deliver positive benefits for our city by improving the environment and providing opportunity for diversification.  I look to stakeholders across the city to support us in this task.

**Councillor Jean Morrison MBE.**

Chair of the Powering Aberdeen Steering Committee

Aberdeen City Council

# EXECUTIVE SUMMARY

> *Aberdeen along with every city across the world is facing the challenge of transitioning to become smarter and more efficient in order to rely on fewer resources and significantly reduce emissions. This transition is driving change in the way we generate and use energy.*

*Powering Aberdeen* arose from Aberdeen City Council's voluntary commitment to reduce carbon emissions as a signatory to the Covenant of Mayor's - a European initiative to encourage cities to commit to increase energy efficiency and move towards greater use of renewable energy. *Powering Aberdeen* is Aberdeen's Sustainable Energy Action Plan a programme of action to drive the energy transition necessary to become a smart, low carbon city.

This transition will not only reduce emissions but improve wellbeing and quality of life, provide opportunity for diversification of the economy and support smarter, lower cost and more energy efficient living. *Powering Aberdeen* is driven by a vision to realise these benefits for Aberdeen citizens and businesses supported by the need to reduce carbon emissions.

As part of developing *Powering Aberdeen* baseline emissions for the city have been established and modelled to establish realistic estimates for emission reduction targets. The following targets have been established.

- 31% reduction in carbon emissions by 2020 and
- 50% reduction in carbon emissions by 2030 from a 2005 baseline

Five key areas of activity have been identified for action to achieve these reduction targets.

- Leadership and behaviour change
- Improving energy efficiency
- Managing resources more efficiently which will in turn reduce carbon emissions
- Increased uptake of alternative technologies
- Developing a low carbon transport fleet and infrastructure that encourages cycling, walking, and use of public transport.

Crucial to the successful implementation of *Powering Aberdeen* will be partnership working across the public, private and third sectors. Partners will need to work collaboratively to develop, measure and monitor initiatives. Stakeholder engagement and statutory consultations has taken place as part of developing Powering Aberdeen and will be critical to its ongoing development.

A *Powering Aberdeen* Steering Group has been established to oversee the implementation of Powering Aberdeen which consists of external stakeholders representing the public and private sectors. This is supported by an internal Working Group. Specific themed working groups may also develop over time.

This Sustainable Energy Action plan sets out the initial action plan to support the implementation of *Powering Aberdeen*. At this stage it is made up of actions largely being driven by Aberdeen City Council and key public sector partners. The intention is that it will develop and grow as further partners become involved.

# 1. INTRODUCTION:
## WHAT IS POWERING ABERDEEN?

**Powering Aberdeen** is Aberdeen's first Sustainable Energy Action Plan (SEAP) as required by the city's commitment to the European Union's Covenant of Mayors (CoM) initiative. It is a key document that outlines Aberdeen's aspirations to reduce emissions by 50% by 2030[1] and establish alternative forms of energy. **Powering Aberdeen** is a major strategic programme that forms an important part of the development of the North East region of Scotland, with clear foundations within **Shaping Aberdeen**, the **City Regional Deal** and the **Economic Development Strategy.**

**Powering Aberdeen** covers the area of Aberdeen city; however its implications are transboundary. As such it is recognised within the *Aberdeen City and Shire Strategic Development Plan* and forms part of the *North East Sustainable Energy Action Plan* led by Aberdeenshire Council.

It is hoped that through the implementation of the action plan, Aberdeen will start the journey towards an economic, social and environmental transformation covering many themes such as energy, water, waste, transport, construction, planning, health and wellbeing. Working with multiple stakeholders including citizens, businesses and the public sector, Aberdeen will be empowered to make informed choices regarding its future.

Whilst energy and emissions are the key drivers of the CoM it is important to acknowledge the wider significant benefits **Powering Aberdeen** will bring to the economy, market diversification, health and wellbeing, innovation, research and development and city resilience to a changing and uncertain future.

**Powering Aberdeen** will provide the political commitment, leadership and planning necessary for a low emission Aberdeen; reducing the city and region's dependence upon finite resources and diversifying the available energy mix. The delivery model will take a holistic approach and seek to use existing policies, plans and strategies through collaborative partnerships to ensure actions are delivered in the most effective way.

**Powering Aberdeen** is necessarily ambitious and the proposed action plan incorporates best practice developed from other European cities. Whilst the CoM requires signatories to attain targets by 2020, it was felt that this timeframe is too short to see the outcomes of some long term projects; therefore Powering Aberdeen will look beyond this timeframe up until 2030.

Performance will be monitored and reported on an annual basis to gauge progress against targets.

*"A Sustainable Energy Action Plan is the key document in which a Covenant signatory outlines how it intends to reach its $CO_2$ reduction target by 2020. It defines the activities and measures set up to achieve the targets, together with time frames and assigned responsibilities."*

[1] *Compared to a 2005 baseline.*

## 1.1 Powering Aberdeen for all

Aberdeen is a centre of excellence and could be considered an example to the rest of the UK in transformation, engineering and entrepreneurship. The North East Region of Scotland is a high performing regional economy driven largely by the opportunities in the oil and gas sector, and by a number of other strong performing sectors. The recent downturn in the oil and gas sector due to a downward trend in oil prices and cost pressures presents a particular challenge for the city and region.

*Powering Aberdeen* provides an opportunity to support the wider diversification of the region as part of the Regional Economic Strategy[2] by supporting the growth and development of a low carbon and alternative technology sector to compliment on-going activity to secure the cities future within the oil and gas sector.

Whilst Aberdeen City Council (ACC) will lead the overall management of *Powering Aberdeen* success will require stakeholder involvement across all public, private and third sectors. There is an expectation that all involved will lead by example and become exemplars of good practice. *Powering Aberdeen* will be the one key action plan for all to work collaboratively to address emissions and alternative energy.

*Powering Aberdeen* will harness local knowledge to develop the action plan. Co-operative and community led projects will be supported to ensure that citizens have a greater role in their own environment, finances, health and wellbeing. There are a wide range of existing and planned initiatives addressing the principles of *Powering Aberdeen* already.

## 1.2 The Covenant of Mayors influence

After the adoption in 2008 of the European Union (EU) Climate and Energy Package, the European Commission (EC) launched the CoM to endorse and support the efforts deployed by local authorities in the implementation of alternative energy policies. Local governments play a crucial role in mitigating the effects of climate change, all the more so when considering that 80% of energy consumption and $CO_2$ emissions is associated with urban activity.

The vision of the CoM is:

# Towards a sustainable energy future

Fundamentally CoM is the mainstream European movement involving local and regional authorities, voluntarily committing to increasing energy efficiency and use of renewable energy sources on their territories. By their commitment, CoM signatories aim to meet and exceed the EU 20% $CO_2$ reduction objective by 2020. All signatories are required to produce a Baseline Energy and Emissions Inventory (BEEI) and a subsequent action plan detailing measures to reduce $CO_2$ emissions and promote use of alternative energy sources.

ACC signed up to the CoM in 2008, with *Powering Aberdeen* seeking approval on an area wide basis. ACC is working closely with its neighbouring local authorities including Aberdeenshire, Angus and Moray Council's to develop a joint SEAP for the North East, underneath which will sit the boundary specific individual SEAP's. By participating in the wider NE SEAP it is hoped that trans-boundary issues can be accommodated.

It should be noted, that since commencement of *Powering Aberdeen*, the CoM has changed its targets and scope. Any new signatories are required to develop a Sustainable Energy and Climate Action Plan (SECAP) with new targets to attain 40% emissions reduction by 2030. The new framework adopts an integrated approach to tackling mitigation and adaptation to climate change. This will be investigated further when *Powering Aberdeen* is reviewed in two years' time.

[2] *Regional Economic Strategy – Securing the Future of the North East Economy, Aberdeen City Council, One North East, Aberdeenshire Council*
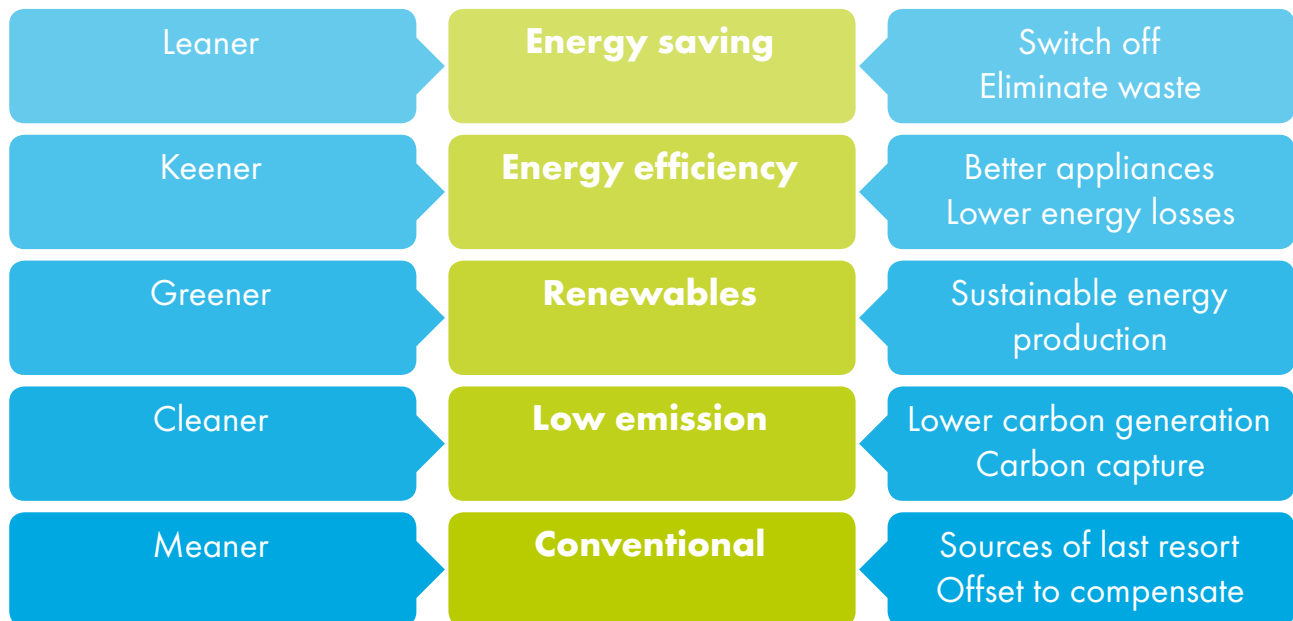
## 1.3 Powering Aberdeen's Vision

**Powering Aberdeen** aligns to the CoM and it has its own vision, which has been developed with input from the many stakeholders involved in its development.

*By 2030 Aberdeen is a vibrant, world class city which is an attractive and sustainable place to live and do business. The economy has diversified and is supported by efficient, low emission buildings and transport infrastructure. The health and wellbeing of citizens continues to improve and fuel poverty has been eliminated. Emissions have reduced by at least 50%.*

Delivering this vision will be enabled by the enhancement of digital connectivity, development of sustainable buildings and infrastructure, creation of alternative sources of energy and progression of low emission transport.

Working towards a sustainable energy future will require alignment to the energy hierarchy. This works by establishing a simple framework for energy management as illustrated below.

| Leaner | **Energy saving** | Switch off Eliminate waste |
|---|---|---|
| Keener | **Energy efficiency** | Better appliances Lower energy losses |
| Greener | **Renewables** | Sustainable energy production |
| Cleaner | **Low emission** | Lower carbon generation Carbon capture |
| Meaner | **Conventional** | Sources of last resort Offset to compensate |

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## 1.4 Objectives

**Powering Aberdeen** is our city's commitment as a CoM signatory. It will use the results of the Baseline Energy and Emissions Inventory (BEEI[3]) to determine the best course of action in reaching emissions reduction and alternative energy supply targets.

Aberdeen city's emissions in the baseline year of 2005 (from which **Powering Aberdeen** will measure reductions in emissions) are estimated to have been 1,832 kilo-tonnes of carbon dioxide equivalent ($kTCO_2e$). In order to estimate the amount of savings achieved to date, emissions have also been estimated for 2012 at 1,482 $kTCO_2e$.

It is a working document which will be revised when actions are completed and the impact of taking those actions is reviewed. Progress will be assessed and recorded on a Monitoring Energy and Emissions Inventory (MEEI[4]).

> **A Baseline Energy and Emissions Inventory quantifies the amount of emissions emitted in the territory of the Covenant signatory in the baseline year.**
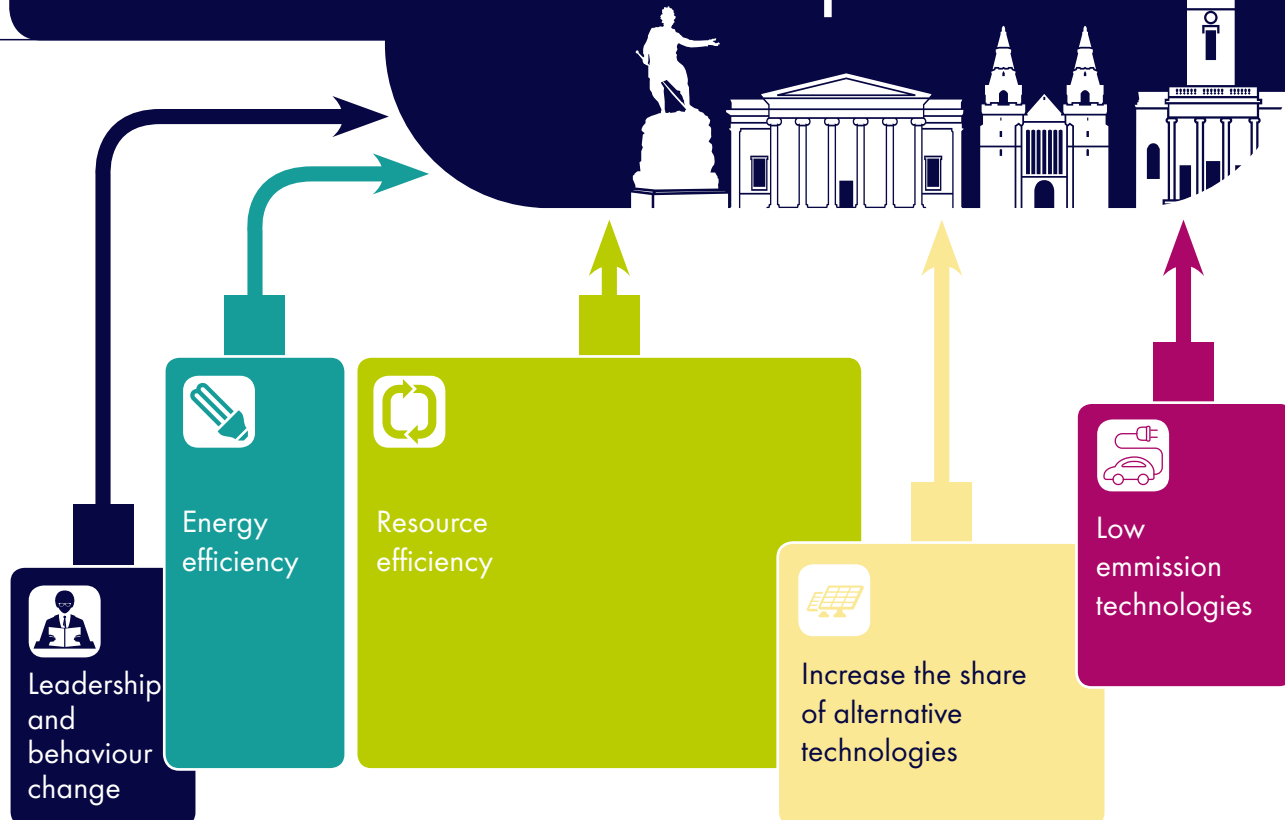
[3] Information on the BEEI and MEEI is available within the Aberdeen city future energy and emissions scenarios report available at http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=64524&sID=27537
[4] Where the Baseline Energy and Emissions Inventory quantifies the amount of emissions emitted due to energy consumption in the territory of the Covenant signatory in the baseline year, the MEEI measures the progress towards the target.

# Objectives

Leadership and behaviour change

Energy efficiency

Resource efficiency

Increase the share of alternative technologies

Low emmission technologies

| Objective: what Powering Aberdeen hopes to achieve | Aims: Powering Aberdeen's intentions to fulfil the objectives | Strategic outcomes |
|---|---|---|
| Leadership and behaviour change. | Align **Powering Aberdeen** with all plans, programmes and strategies across the range of stakeholders, using appropriate regulations to support delivery.<br><br>Powering Aberdeen will be a means of promoting best practice in the design, control and operation of projects. Emission reduction should be taken into account in the early stages of the project.<br><br>This will involve incorporating the reduction of city wide emissions and energy consumption in strategic decision making, lobbying for change in statute, strengthening communities and businesses to manage their own energy needs, supporting research and ensuring it is considered within planning and construction practices.<br><br>Work will be undertaken to encourage behaviour change towards the implications of a changing climate. | • Synergies between existing and future commitments and policies.<br>• Setting a strategy beyond 2020 and think much further ahead e.g. to 2050.<br>• Economies of scale.<br>• Legislative compliance.<br>• Reduced risk.<br>• Reduced financial penalties.<br>• Providing the leverage to implement change.<br>• Political visibility and enhanced reputation.<br>• City adaptation and resilience to changing weather patterns.<br>• Business continuity.<br>• Market diversification.<br>• New innovative technologies developed which could create job opportunities.<br>• Attraction of investment and funding.<br>• Engagement of private sector in climate action.<br>• Through the participation of wider society, it demonstrates the role in improving local democracy. |

| Objective: what *Powering Aberdeen* hopes to achieve | Aims: *Powering Aberdeen's* intentions to fulfil the objectives | Strategic outcomes |
|---|---|---|
| **Energy efficiency.** | Energy is efficiently used across all sectors by implementation of standards for construction, retrofit programmes, use of Combined Heat and Power (CHP), use of digital technologies, Low Emitting Diode (LED) street lighting, and use of efficient appliances and pooling of resources for example. Affordable energy to be provided locally through an Energy Service Company (ESCO). | • Alleviation of fuel poverty.<br>• Crowdfunded projects.<br>• Local energy production.<br>• Operational efficiencies which will impact upon revenue budgets.<br>• Reduced energy demand by increasing the efficiency of the building stock.<br>• Increased energy security.<br>• Increasing employment and re-deployment of skills. |
| **Resource efficiency.** | Implementation of resource efficiency measures including for example:<br>• Awareness raising around the waste hierarchy and circular economy.<br>• Expansion of mixed recycling collections.<br>• Developing and promoting local food production and consumption.<br>• Use operational and non-operational properties and assets more efficiently.<br>• Development of Energy from Waste. | • Increased energy security.<br>• Increasing employment and re-deployment of skills.<br>• Market diversification.<br>• Reduced utility costs. |
| **Increase the share of alternative technologies.** | Increase renewable energy power generation and procurement including potential solar farms and offshore wind installations, expanding the district heat network and installing digital infrastructure and virtual networks; using heat maps, supplementary guidance, latest research and thermal flyover information to inform planning decisions. | • Renewable energy installations.<br>• Improved connectivity as per the requirements of a Smart City.<br>• Increased flexibility in working arrangements.<br>• Development of infrastructure that reduces reliance on individual vehicles and increases mobile working and digital connectivity.<br>• Harnessing a culture of continual advancement in terms of technology used and initiatives taking place to ensure physical and digital connectivity.<br>• Reduced utility costs. |
| **Low emission society.** | To attain a low emission society *Powering Aberdeen* intends to:<br>• Promote sustainable transport initiatives including.<br>• Expand the Co-Wheels network. | • Improved urban mobility aligning with the city's Local Transport Strategy and priorities of our local transport providers.<br>• Development of infrastructure that reduces reliance on individual vehicles and increases mobile working and digital connectivity. Working towards a decarbonised transport network.<br>• Reduced levels of air pollution aligning with the city's Air Quality Action Plan. |

| Objective:<br>what Powering Aberdeen hopes to achieve | Aims:<br>Powering Aberdeen's intentions to fulfil the objectives | Strategic outcomes |
|---|---|---|
| **Low emission society. (Continued)** | • Expand the hydrogen network.<br>• Increase modal share for public transport and active travel.<br>• Increase use of clean fuels in transport.<br>• Undertake fleet reviews.<br><br>• Use digital technologies to negate the need to travel including video conferencing, smarter working<br>• Develop markets for low and no emission technologies.<br>• Support the principle of the circular economy, moving away from traditional models of growth.<br>• Work with the education system to provide students/skilled people to inform and assist in | • Improved health and wellbeing, reducing the strains placed upon care and welfare services.<br>• Improved environmental quality of the city for residents, workers, visitors and wildlife.<br>• Contribute to the global fight against climate change, aligning to the Paris Pledge[5] and to Scotland's emission reduction targets; demonstrating our commitment to environmental protection.<br>• Aberdeen is positioned as a low emission area.<br>• Having a population which is informed and engaged in issues that affect people, finance and the environment. |

To develop **Powering Aberdeen** it was necessary to establish current emission levels and how energy is consumed across the city.  Initial work on gathering this information was undertaken by Robert Gordon University's (RGU) Centre for Understanding Sustainable Practice (CUSP) and then validated and finalised by Aether. This culminated in the production of a BEEI, a full copy of which is available on the SEAP webpages[6].

## 1.5 Target

The target of a 50% reduction by 2030 is feasible with an interim target of 31% by 2020, both based on a 2005 baseline. This target is considered consistent with Scotland's target within the Climate Change (Scotland) Act 2009 (CCA:2009), being 42% by 2020 and 80% by 2050 based on a 1990 baseline[7]. Part of this target will require working towards increasing the share of renewable energy production.

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[5] The Paris Pledge is the outcome of the United Nations Conference on Climate Change, held in Paris in December 2015.
[6] http://www.aberdeencity.gov.uk/council_government/shaping_aberdeen/SustainableEnergyActionPlan.asp
[7] Scotland realised savings of approximately 17% between 1990 and 2005. As there is no Aberdeen-specific datasets before 2005, the assumption is made that Aberdeen's emissions reduced at approximately the same rate as Scotland's over that period. This results in a remaining 31% emission savings (based on a 2005 baseline) required between 2005 and 2020 to be broadly consistent with the SCCA target.

# WHY DO WE NEED POWERING ABERDEEN?

# 2.
# WHY DO WE NEED POWERING ABERDEEN?

> **This section establishes why Aberdeen needs *Powering Aberdeen*, highlighting some of the key drivers and main pieces of legislation, as well as the challenges and opportunities.**

The way energy is managed is an important aspect of tackling climate change on the journey towards low carbon economy. The Scottish Government identifies that energy is not just needed to keep Scotland's businesses, hospitals and schools running; to heat our homes; and to transport goods and people, but energy also plays a vital role in Scotland's economy. Scotland uses 9% of the UK's total energy consumption, but is rich in energy resources.

The Scottish Government produced the *Low Carbon Scotland: Meeting our Emissions Reduction Targets 2013-2027: The Draft Second Report on Proposals and Policies* in January 2013; which outlined the next steps towards the targets established within the CCA: 2009.

Scotland is leading the way to a low carbon society. By 2011, Scotland's emissions, including international shipping and aviation, had fallen 25.7% from 1990 levels, which is over half way to meeting the 42% by 2020 target set in the CCA: 2009. However, the target remains an ambitious one. The vision is for a largely decarbonised electricity generation sector by 2030 which uses renewable sources for electricity generation.

Other electricity generation from fossil-fuelled plants would use carbon capture and storage. Further, the Scottish Government vision aims for almost complete decarbonisation of road transport by 2050, with significant progress by 2030 through the wholesale adoption of electric cars and vans, a shift towards public transport and 'active travel', and the significant decarbonisation of rail services.

Implementation of **Powering Aberdeen** will result in Aberdeen's emissions being reduced and its reliance on finite resources diminished and replaced with renewable and alternative technologies. Transport emissions will be reduced through the implementation of EU standards for new vehicles and use of biofuels.

Energy diversification, emissions reduction, 'circular economy' development, behavioural change and the health and wellbeing of the public will largely be determined by future policy development across all stakeholder organisations. Progress will very much depend upon the levels of support given by the Scottish Government, the impacts of proposed reforms and the upgrade and expansion of the necessary infrastructure.

## 2.1 Key drivers
## 2.1.1 Maximising economic development opportunities

**Locally**

Data from the Aberdeen City and Shire Economic Strategic Futures suggests that Aberdeen is currently considered an 'economic powerhouse', generating around £15 billion a year (based upon 2012 data). The majority of this economic activity is in the primary industries (including oil and gas extraction), but it is supported by world class professional, scientific, and technical services (11% of the total regional output) such as the University of Aberdeen, Robert Gordon University and the Rowett Institute. In addition, Aberdeen is one of the top 20 regions in Europe for the value of economic output per head of population.

Outside of London, Aberdeen has the highest labour productivity rates in the UK (£32,000 per head in comparison to £20,000 at a Scotland level and £21,675 in the UK). This makes Aberdeen one of the most productive economies in the EU. Average earnings, too, are among the highest in the UK. The median annual wage in 2013 in Aberdeen City was £31,735 (and £24,710 in Aberdeenshire).

The region's economic growth is underpinned by leading international research specialisms and centres of excellence which include: subsea engineering, food science, oil and gas,

and nutritional health. In 2013 Aberdeen was ranked 4th amongst the UK's 64 largest cities in terms of the number of patents per 100,000 of the population.

However, over the past year Aberdeen has witnessed a decline in the oil and gas sector; with corresponding impacts upon supportive industries. The report – *'Fuelling the next Generation*[8]*'* – forecasts that a total of 35,000 jobs will be lost by 2019 as oil exploration and recovery operations decline and new fields become harder to find and to exploit commercially. Some of these losses will be offset by recruitment into decommissioning activities.

Decline in North Sea activities will however flood the market with expertise. **Powering Aberdeen** could capitalise on this knowledge and the wide-ranging opportunities that renewable and alternative technologies can offer to Aberdeen's economy. This could include market diversification, developing local supply chains and new markets. This aligns to the four programme areas within the *Regional Economic Strategy*[9], which sets a 20 year vision for the well-being of Aberdeen by focusing on investment in infrastructure, innovation, inclusive economic growth and internationalisation.

**Nationally**

In January 2014, Scottish Renewables reported that renewable energy currently supports over 11,000 jobs in Scotland as a whole. Given the Scottish Government has an ambitious but achievable target for renewable energy in Scotland to generate the equivalent of 100% of gross annual electricity consumption and 11% of heat consumption by 2020; further job creation will be necessary.

*The Low Carbon Economic Strategy (LCES)* is an integral part of the Scottish Government's Economic Strategy to secure sustainable economic growth, and a key component to meeting Scotland's climate change targets and transition to a low carbon economy. The LCES seeks to establish strong policy direction around Scotland's key low carbon economic opportunities and strengthen business confidence in exploiting them. It sets out:

**target for renewable energy in Scotland to generate the equivalent of 100% of gross annual electricity consumption and 11% of heat consumption by 2020**

- the global economic opportunities that will arise in making the transition to a low carbon economy;
- the drivers and barriers to the development of these opportunities and growth of the low carbon economy; and
- the role of government, and wider public sector in supporting business to overcome the barriers.

[8] *Published by Ernst and Young covering the whole of the UK.*
[9] *Covers the North East of Scotland*

As part of the transition, the Enterprise Agencies, SEPA and the academic sector are collaborating on a project to develop the Environmental and Clean Technology (ECT) sector in Scotland. This project will focus in the first instance on the development of technologies in relation to recovery and recycling; water and waste water treatment; sustainable transport; sustainable buildings; and environmental monitoring and instrumentation. *Powering Aberdeen* will work in parallel with initiatives of this type.

Research has shown that the Scottish Low Carbon and Environmental Goods Sector was worth £8.5 billion in 2007/08 and is forecast to grow to around £12 billion by 2015/16. This research estimates that concerted action combined with an expanding global market could increase low carbon employment in Scotland to around 130,000 by 2020 from the current figure of some 70,000.

*Powering Aberdeen* will provide a single co-ordinated programme with the potential to attract investment and funding based upon the opportunities of market demand for energy and emissions management.

## 2.1.2 Reducing costs

Despite reduced energy bills, the overall long term trajectory is one of increasing costs associated with fuel supply for everyone. *Powering Aberdeen* will look to support home owners, businesses and organisations to reduce these costs through energy efficiency measures, digital connectivity and development of local generation.

## 2.1.3 Ensuring supplies

Relying on finite resources such as oil, gas and coal is unsustainable in the long term. Energy security is a priority in light of political instability, uncertainty of supply from oil-producing nations; and the perceived safety concerns of alternative supplies from nuclear and fracking.

The UK's dependence upon energy imports is of particular concern. Producing energy closer to home will help reduce our reliance on other countries, ensuring more control over supply and reducing risk. By developing renewable and alternative technologies to meet energy demands, Aberdeen will also be ensuring it is more resilient to future change and better protected against the fluctuations associated with fossil fuel supply. By developing a decarbonised society, Aberdeen could move towards energy independence and may even become an energy exporter again in the future.

## 2.1.4 Support of the National Performance Framework

*The National Performance Framework*[10] outlines the Scottish Government's purpose to focus on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. *Powering Aberdeen* will go some way to supporting this framework locally, implementing projects in all of the key target areas: growth, productivity, participation, population, solidarity, cohesion and sustainability.



[10] http://www.gov.scot/resource/Doc/933/0124202.pdf

## 2.1.5 Alleviating fuel poverty

According to the *Scottish Housing Conditions Survey 2013*, while there have been year on year incremental improvements in things like efficiency ratings (households, boilers), levels of insulation and monitoring of energy use for example, adequately heating homes during winter remains an issue in Scotland. Of those surveyed, 20% reported their heating only keeps them warm sometimes, and an additional 5% reported their heating never keeps them warm.

The Scottish Government's current definition of fuel poverty is when a household spends more than 10% of its income on all household fuel use (heating, hot water, cooking, lighting and appliances). Extreme fuel poverty is defined as spending more than 20%. The cost of energy has continued to outstrip the growth of average household income and the rate of energy efficiency improvements for many years now. Although recent falls in oil prices seem to continue, it is likely that in the future energy prices will rise again, outstripping what any local authority can do alone to tackle fuel poverty especially within the existing housing stock. In a decade, energy prices have more than doubled, and in the last year around 100,000 people have been pulled into fuel poverty with the largest increase being in the 15% most deprived areas of the country. According to estimates[11] 30% of Aberdeen's population live in fuel poverty, equating to around 32,000 households.

The following figure illustrates the proportion of households in fuel poverty in Aberdeen between 2010-2012.

*Figure 2 – Fuel poverty in Aberdeen between 2010-2012*
*Proportion of Households in Fuel Poverty by Intermediate Zone Aberdeen City 2010-2012*
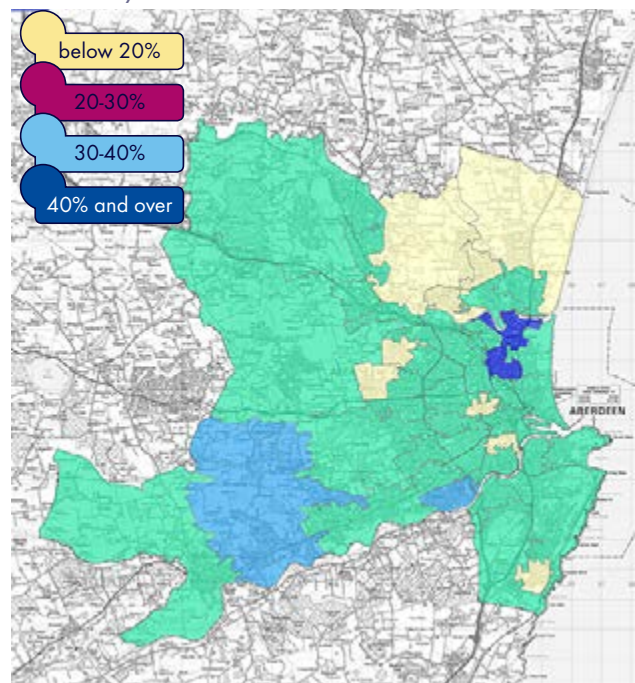


below 20%
20-30%
30-40%
40% and over

The main factors influencing fuel poverty are household incomes, fuel costs and the energy efficiency of homes. Projects from the National Records for Scotland suggest that household numbers in Aberdeen are set to increase by 36,446 between 2012 to 2037. Powering Aberdeen will look at these issues and develop actions that help support citizens to lower energy bills and reduce those living within these conditions.

## 2.1.6 Meeting regulation

In June 2013 the Scottish Government published the report *Low Carbon Scotland: Meeting our Emissions Reduction Targets 2013-2027: The Second Report on Proposals and Policies (RPP2)*

RPP2 is structured around the key sectors of energy supply, homes and communities, business and the public sector, transport, waste and rural land use; mirrored within Powering Aberdeen. For each of these sectors, policies to reduce greenhouse gas emissions are identified, as are a number of proposals for further consideration and development. Taken together, these policies and proposals show that it is possible to meet the climate change targets established by the CCA: 2009.

The regulatory regime governing energy and emissions ranges from local pieces of statute to international conventions. Figure 3 lists just some of the key pieces of legislation.

[11] *http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4SB_15-13_Fuel_Poverty_in_Scotland.pdf*

*Figure 3 – How Powering Aberdeen meets regulation*

## OVERARCHING THEMES

- Paris Pledge
- Sustainable Development Goals
- Climate Change (Scotland) Act 2009
- Stern Review
- Infrastructure Investment Plan
- Low Carbon Economic Strategy
- Low Carbon Scotland - Meeting the Emissions Reduction Targets 2010-2022
- Europe 2020 - looking toward smart, inclusive, sustainable growth.
- EU Cohesion Policy 2014-2020 which prioritises integrated sustainable urban development.
- Energy Performance of Buildings Directive - 2002/91/EC, this sets energy performance standards for buildings.
- Other EU Directives, 93/116/EC, 2009/28/EC, 2003/30/EC and 2006/32/EC - setting conditions for fuel consumption in vehicles, promotion of renewable energy, biofuels in transportation and energy end use efficiency and services.
- 2030 Climate Energy Policy looking towards secure energy provision and a low carbon economy.
- United Nations Millennium development goals - goal 7 - ensure environmental sustainability.
- Scottish Government National Outcomes - under sustainable places, environmental impact and the environment.
- Mandatory reporting requirements under Public Bodies Duties will come into effect in 2016, supporting not only wider direct emissions reduction but indirect emissions as well.

**LEADERSHIP AND BEHAVIOUR CHANGE**

| ENERGY EFFICIENCY | RESOURCE EFFICIENCY | ALTERNATIVE TECHNOLOGY[14] | LOW EMISSION SOCIETY |
|---|---|---|---|
| • EU Energy Efficiency Directive<br>• Energy Performance of Buildings Directive<br>• Energy Directive<br>• 2030 Energy Strategy<br>• Carbon Reduction Commitment (CRC)<br>• Energy Efficiency Action Plan<br>• Home Energy Efficiency Programmes for Scotland<br>• Energy Performance Certificates<br>• EU Emissions Trading Scheme<br>• Sullivan Report<br>• Building Standards<br>• Building Research Establishment Environmental Assessment Methodology<br>• Home Quality Mark | • Waste Framework Directive and other waste specific EU Directives<br>• Zero Waste Plan and the Circular Economy<br>• Aberdeen Waste Strategy<br>• Waste Acts and Regulations<br>• Voluntary Commitments | • Renewable Heat Action Plan<br>• Heat Policy Statement<br>• Towards decarbonising heat<br>• District Heating Action Plan<br>• National Renewables Infrastructure Plan<br>• Route map for renewable energy in Scotland<br>• Electricity Generation Policy Statement<br>• Roadmap for Scotland's Marine Renewables Industry<br>• Blue Seas - Green Energy A Sectoral Marine Plan for Offshore Wind Energy in<br>• Scottish Territorial Waters<br>• European Broadband Directive<br>• Digital Communications: Infrastructure Strategy<br>• Digital Scotland 2020<br>• Internet of Things – Walport review<br>• Electronic Communications Code<br>• Universal Service Obligation<br>• UK Guarantees Scheme | • EU White Paper on Transport<br>• Scotland's National Transport Strategy<br>• Scotland's Transport Future<br>• Regional and Local Transport Strategy<br>• Travel Plans<br>• Sustainable Urban Mobility Plan<br>• Road Safety Framework<br>• Cycling, Bus, Rail, Freight, Health and Transport Action Plans<br>• Decarbonising Vehicles<br>• (EU Directives)<br>• Electric Vehicle Roadmap for Scotland<br>• Plugged-in Places<br>• Hydrogen Strategy for Aberdeen City Region<br>• National Planning Framework and subsequent development Plans<br>• National Guidance<br>• EU Noise Directive<br>• Directive on Ambient air quality and cleaner air for Europe<br>• National Air Quality Strategy<br>• Air Quality Action Plan<br>• Low Emissions Strategy<br>• Energetica<br>• Curriculum for Excellence |

In order to meet these regulations there are many subsidies, grant schemes and incentives available for communities, the public sector and citizens.  There are many other drivers for producing **Powering Aberdeen** as detailed within the many strategies, approved reports, statute and national indicators of our stakeholders; including but not limited to:

- *Community Plan and Single Outcome Agreement* – with Aberdeen 2022 – being the city we love to live in: a socially, economically and environmentally sustainable and great city.
- *Aberdeen City and Shire Strategic Development Plan* – to be a city/region which takes the lead in reducing the amount of carbon dioxide released into the air, adapts to the effects of climate change and limits the amount of non-renewable resources it uses.
- *Aberdeen – the Smarter City: Smarter Environment.*
- *Five Year Business Plan: 2013-2018* – Increase sustainable economic growth for the benefit of all citizens through support of national outcomes.
- *Scottish Police Authority Strategic Plan* which highlights a key priority of delivery efficient and effective services and readiness to respond to natural hazards.
- *NHS Grampians Health Transport Action Plan,* covering two key themes of transport and public health; including for people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health; and or everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.
- *University of Aberdeen's Sustainability and Social Responsibility Strategy 2013-2017*, being committed to the twin principles of sustainability and social responsibility as foundations for all their activities.
- *Public Bodies Duties: required and recommended reporting* - as part of this the Council is required to report annually on total area-wide and per capita emissions, targets and area wide actions and their importance in reducing emissions.

Business continuity in light of changing weather patterns and the impact of these events on public sector services is also a consideration. **Powering Aberdeen** follows on from the recommendations outlined within Aberdeen's Local Climate Impacts Profile (LCLIP[13]).

Whilst the development of **Powering Aberdeen** covers all activities within Aberdeen, it assists ACC in monitoring its own emissions and working to reduce these, in compliance with CCA 2009. The CCA: 2009 sets in statute, the Government's Economic Strategy target to reduce Scotland's GHG emissions by 80% by 2050, one of the Sustainability Purpose Targets.

This covers the basket of six greenhouse gases (GHG's) recognised by the United Nations Framework Convention on Climate Change, and includes Scotland's share of emissions from international aviation and international shipping. The CCA also establishes an interim target for 2020 of at least 42% reductions in emissions.

[13] http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=60120&sID=904

## 2.1.7 Healthier lifestyles

The *Long Term Vision for Active Travel in Scotland*[14] determines that environments in which walking and cycling are easy choices will be safer for everyone, promote healthy living choices, treat and prevent disease and reduce health inequalities. ***Powering Aberdeen*** looks to encourage all forms of 'active travel' which will help reduce obesity levels but also reduce emissions which can aggravate respiratory conditions. By doing so, reducing impact upon NHS Grampian and allowing those resources to be utilised for other services.

According to the Scottish Health Survey, in 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese. There has been an increase in the proportion of people who are overweight or obese among both sexes (aged 16-64) since 1995, from 52% to 63%.

Since 1998 asthma in adults has increased but figures for the most recent years have not changed significantly.

[14] http://www.transport.gov.scot/sites/default/files/554346_334708_Active_Travel_210mm_p9_HR_20141126103050.pdf

## 2.1.8 The planning context

**Powering Aberdeen** stakeholders are committed to developing a sustainable city at the heart of a vibrant and inclusive region. This is detailed within our Local Development Plan and the Aberdeen City and Shire Strategic Development Plan (SDP).

Aberdeen, together with the rest of the North East, plays an important role in many aspects of the life of the country. This is reflected in *Scotland's Third National Planning Framework (NPF3)*. Its key vision for Scotland's spatial development is to create a:

- successful sustainable place;
- low carbon place;
- natural resilient place; and
- connected place.

The strategy for the growth of the North East is set out in the SDP. The main aims of the SDP are to:
- grow and diversify the regional economy;
- tackle our changing climate;
- ensure the area has enough people, homes and jobs to support the level of services and facilities needed to maintain and improve the quality of life;
- protect valuable resources including the built and natural environment;
- create sustainable communities; and
- make most efficient use of the transport network.

The SDP establishes a target of increasing the population of the city region to 500,000 by 2035 and achieving an annual house building rate of 3,000 per year by 2020. **Powering Aberdeen** recognises that these activities will have a noticeable impact upon the area wide emissions and energy supply.

Current trends in energy consumption and emission production are unsustainable. It is intended that through the implementation of **Powering Aberdeen** this trend can be reduced.

"By 2035 Aberdeen City and Shire will be an even more attractive, prosperous and sustainable European city region and an excellent place to live, visit and do business.

We will be recognised for:
- our enterprise and inventiveness, particularly in the knowledge economy and in high-value markets;
- the unique qualities of our environment; and
- our high quality of life.

We will have acted confidently and taken the courageous decisions necessary to further develop a robust and resilient economy and to lead the way towards development being sustainable, including dealing with climate change and creating a more inclusive society" *Vision from ACSSDP*

## 2.1.9 Protecting and using the environment

Protecting the environment is a key aim of **Powering Aberdeen.** Consumption of fossil fuels still significantly outweighs energy used from renewable sources. Extraction of fossil fuels is an intensive process which can have an impact on the environment through GHG emissions, water and air pollution, habitat and biodiversity loss, potential ground contamination and land take. Further adverse impacts are generated when fossil fuels are used through combustion to generate energy. Making use of the natural environment can offer solutions to urban problems; from providing infrastructure that helps alleviate flooding for example to the sequestration of emissions in soils and plants.

It is therefore imperative that **Powering Aberdeen** focuses upon reducing the levels of fossil fuels extracted and consumed, aligning to the stages of the energy and waste hierarchy. This will require understanding demand management, progressing energy and resource efficiency measures and increasing the amount of energy from renewable and low emission sources.

## 2.1.10 City resilience

Severe weather is already affecting services provided by organisations across Scotland, with operational, reputational, financial and legal consequences. This trend is projected to increase in the future. The impacts we see today may occur more frequently, with more serious consequences, compounding many of the other long-term challenges we face of fluctuating energy prices, resource scarcity, an ageing population, and social and economic inequalities[15].

Climate change gives organisations an opportunity to plan for the future. Choosing the resilience pathway allows organisations to increase efficiency, identify cost saving opportunities and add value to their services. This pathway presents an opportunity to protect the public good, to safeguard future generations, and to do things differently in response to a changing climate.

Climate change also of course presents threats. Severe weather and climate impacts will continue to interrupt service delivery, causing unexpected costs for asset maintenance, and an increased risk of fulfilling the duty of care for employees and communities. By taking a long-term view, the identification of climate risks now can allow prioritisation of actions, mitigation and adaptation to take place for the future.

It is hoped that **Powering Aberdeen** will consider merging the energy and adaptation agendas into a new enhanced document, not dissimilar to that which is required of signatories who sign up to the CoM post November 2015. This future revised version will be a Sustainable Energy and Climate Action Plan (SECAP).

## 2.2 Challenges and opportunities

Transitioning to a low emission economy will be a defining moment for Aberdeen, whose recent history is extrinsically linked with finite energy reserves. The path ahead is challenging. However, challenges can offer opportunities for Aberdeen to develop a new economic model of growth, supporting the UK government's *Low Carbon Transition Plan*[16]. It will protect the public from immediate risk, prepare for the future and support individuals, communities and businesses to play their part too.
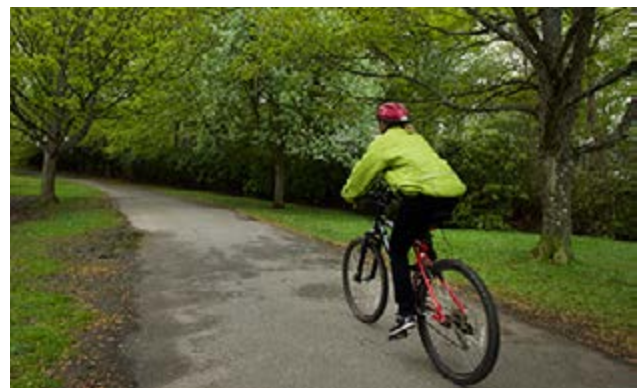
[15] *Five steps to managing your climate risks – a publication by Adaptation Scotland and Sniffer.*
[16] *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228752/9780108508394.pdf*

## 2.2.1 Population change

The projected population growth in Aberdeen between 2012 and 2037 (data from before the economic downturn) is significantly higher than the Scottish average according to the 2012 based Population Projections Aberdeen City and Shire. Aberdeen could see approximate increases of 28% amounting to a further 64,000 people by 2037, aside from further net migration. There is also a prediction of an increasing number of older people and more people living alone.

The impacts of more people alongside their higher expectations to have certain dwelling types will result in further expansion of the city as homes and infrastructure are built to accommodate these needs. There will be associated impacts upon consumption and travel which could result in more emissions.

Housing assessments within the Local Development Plan indicate that Aberdeen will require 28,500 new houses by 2035. Aberdeen will accommodate around half of the new housing and employment land needed to meet the strategic needs of the North East over the next 20 years as set out in the Strategic Development Plan.

## 2.2.2 How buildings perform

As detailed within the accompanying report *About Aberdeen,* there are significant challenges in addressing energy efficiency and emissions reduction in Aberdeen due to the high levels of flatted properties and the thermal properties of construction materials.

At the time of the 2011 Census, there were 103,371 households in Aberdeen and 307 public sector buildings. Overall, as with any major city, Aberdeen has mixed housing tenures and property portfolios. Traditional granite buildings typically consume more energy and improving their thermal performance can be expensive, disruptive, and detrimental to the historic integrity of the buildings.

The application of building standards and certified schemes such as the Building Research Establishment Environmental Assessment Methodology (BREEAM) and the Home Quality Mark provides opportunities for addressing emissions at the construction and refurbishment stages. Property ownership can create challenges and barriers to the adoption of energy efficiency measures. Where things become more complex is where changes are required within the domestic and non-domestic arena's, where adoption of efficiency measures is difficult and will depend upon the property owner. Some property owners may require support in the form of grants, incentives and awareness about reducing consumption in order to access available financial benefits.

In the supporting document, About Aberdeen, the difficulties of dealing with granite buildings are discussed.

## 2.2.3 Intelligent Infrastructure

Aberdeen will need to embrace changes in construction design principles and infrastructure in order to deliver a city with low emission levels. Such considerations will play a key part in all levels of the design and planning process. There will be opportunities to use innovative new technologies and align to the latest sustainable building standards both for new builds and retrofits whilst expanding digital connectivity. Consideration will need to be given to ensuring old infrastructure is replaced and energy losses are reduced.

## 2.2.4 More active travel and considered transport

Both the business community and the public have stated that transport is one of the main issues that Aberdeen needs to address. Aberdeen faces many transport challenges:

- As Scotland's third largest city, with around 213,000 inhabitants, a large number of movements take place within the city centre;
- As the regional centre for the North East of Scotland, a large surrounding population commute into the city centre for work and to access Aberdeen's services and facilities;
- Its harbour in the city centre requires servicing by Heavy Goods Vehicles (HGV's);
- The historical success of the oil industry has brought a level affluence to the North East which has led to a high level of car ownership;
- There is no adequate bypass of Aberdeen meaning that traffic tends to come through the city centre especially as a number of employment areas tend to be on the edge of the city; and
- The impact of freight and increased delivery of goods aligns with the rise in internet sales.

These challenges have led to high vehicle usage, congestion and poor air quality which exceed both EU and National targets in specific areas of the city. Furthermore, the success of covered shopping centres and peripheral business parks has meant that many areas of the city, especially Aberdeen's Union Street, are in need of revitalisation.

Responding to these issues, a number of major infrastructure projects are being built to establish Aberdeen's connectivity with the rest of Scotland and further afield, helping to alleviate some of the issues above; including the Aberdeen Western Peripheral Route, Third Don Crossing and Haudagain roundabout improvements.

Aside from these, more 'active travel' infrastructure is being developed including further 'park and chose' sites, expansion of the pool car club known as Co-wheels,

expansion of electric vehicle charging points, upgrade and maintenance of core paths and many other initiatives as outlined within the city's *Sustainable Urban Mobility Plan*.

*H2 Aberdeen* is an initiative working to bring about a hydrogen economy in the Aberdeen City Region. This work is helping to reinforce the area's position as an energy city, now and in the future. Hydrogen, as an energy storage medium, offers an opportunity to maximise the capacity of renewable energy.

With the transferable oil and gas expertise in the North East of Scotland, as well as a capacity for renewable energy generation, there is an opportunity to further enhance our economic competitiveness by being at the forefront of a hydrogen economy. The H2 Aberdeen initiative has to date delivered:

- a hydrogen strategy outlining the key actions required by the City Region over the next 10 years;
- a state-of-the-art hydrogen production and bus refuelling station;
- 10 hydrogen fuel cell buses, Europe's largest fleet; and
- the HyTrEc project (Hydrogen Transport Economy for the North Sea Region) which includes the trial of fleet vehicles - hydrogen hybrid vans and plug-in range extended vans.

## 2.2.5 Diversification of the economy

The success of the economy in Aberdeen has been largely driven by the opportunities in the oil and gas sector and by a number of other strong performing sectors. The recent downturn in the oil and gas sector due to a downward trend in oil prices and cost pressures is presenting some significant challenges for the area.



The most recent economic strategy for the region reflects this and the need for both Aberdeen City and Aberdeenshire to capitalise on existing opportunity by strengthening the global position of the city as an Energy Capital of Europe. This strategy combines the ambition to become an internationally recognised offshore technology base for maximising economic recovery building a skill base that can be exported globally, while at the same time supporting the growth of industry to diversify the economy including new energy technologies.

Powering Aberdeen provides the framework to support the growth of these new energy technologies and has the opportunity to draw on the strong skill base in digital technology and engineering expertise available within the city to achieve this. The path to a low-carbon economy will provide opportunities for diversification of the economy, reallocation of skills and attracting new industry and technology to the region.

## 2.2.6 Changing Behaviour

People find it difficult to resonate with climate change. As such, there can be issues with apathy over topics such as energy efficiency; with further confusion caused by the amount of jargon and green-wash used to convey messages to the public. This makes it challenging when asking people to consider these topics when making decisions. These issues are discussed as ten key behaviour areas within Scottish Government's report Low Carbon Scotland: A Behaviours Framework; addressing them at an individual, social and material level.

What's important to consumers differs enormously; being able to make sense of complicated issues in communications that are easily understood is essential for wider engagement. Finding out what is important to the target audience is critical to translating concerns over energy costs and health issues into practical steps. Encouraging consumers to change their behaviour could make a significant contribution to reducing emissions. Providing information is important, however this does not necessarily result in a change to behaviour. The challenge is to encourage energy conscious behaviour in decision making; in a way that is simple and sustained so that good practice becomes a habit.

## 2.2.7 UK and Scottish Government support

Whilst there is a wealth of legislation and measures to address the issue of carbon emissions, this does not always lead to consistent decision making. For example changes and uncertainty around feed in tariff for renewables has created uncertainty for the industry.

Scotland has made good progress in a number of areas: in deploying renewable electricity generation capacity, installing community and locally-owned energy projects and in rolling out area-based energy efficiency programmes. There has been less progress in other areas including transport, renewable heat, agriculture and forestry, and in the waste sector. The Scottish Government has work to do to strengthen its policies on low carbon heat, energy efficiency, the public sector and transport, in line with recent commitments pledged at the Paris 2015 Climate Change Conference.

# POWERING ABERDEEN'S DEVELOPMENT

# 3.
# POWERING ABERDEEN'S DEVELOPMENT

*Powering Aberdeen* provides a co-ordinated multi-disciplinary programme of actions spanning all sectors of the city. It is a programme that will encourage transformation of the economy, people and the environment through the ongoing identification of continual improvement actions and ultimately through their delivery.

Sustainable Energy Action Plans (SEAP's) are increasingly effective vehicles for driving change. They act as an enabler, allowing access to investment and innovation opportunities. It is intended that *Powering Aberdeen* shows that the city is ready to truly question its activities, intentions and future.

*Powering Aberdeen* provides the mechanism to work collaboratively to deliver coherent actions and drive change. This document has been developed with input from many stakeholders and consultants. It has been informed by a number of stakeholder engagement workshops, surveys

and data gathering exercises, scenario modelling and consultations; all of which have helped inform *Powering Aberdeen's* direction. Further information on these activities is available on *Powering Aberdeen's* webpage .

A key point from *Powering Aberdeen's* development is as the identification of the highest emitters; determining where future effort should be prioritised for maximum gain. Figure 4 below illustrates a summary of the scenario modelling. It shows 2005 as the baseline year and 2012 as the monitoring year, with trajectories for 'Business As Usual' (BAU) and with intervention (where *Powering Aberdeen's* actions are implemented).

The largest areas where impact can be made are within the residential, industrial, tertiary and transport sectors.

*Figure 4 - Emissions in Aberdeen City in 2005 and 2012. Percentages provided are savings in emissions compared with the 2005 emissions.*



Legend:
- Uncertainty in the BAU Scenario
- Transport
- Industry
- BAU Scenario
- SCCA Target
- Uncertainty in the With Intervention Scenario
- Tertiary
- Residential
- With Intervention Scenario
- Waste
- Municipal public lighting
- City Council
- Projected Savings vs. BEEI
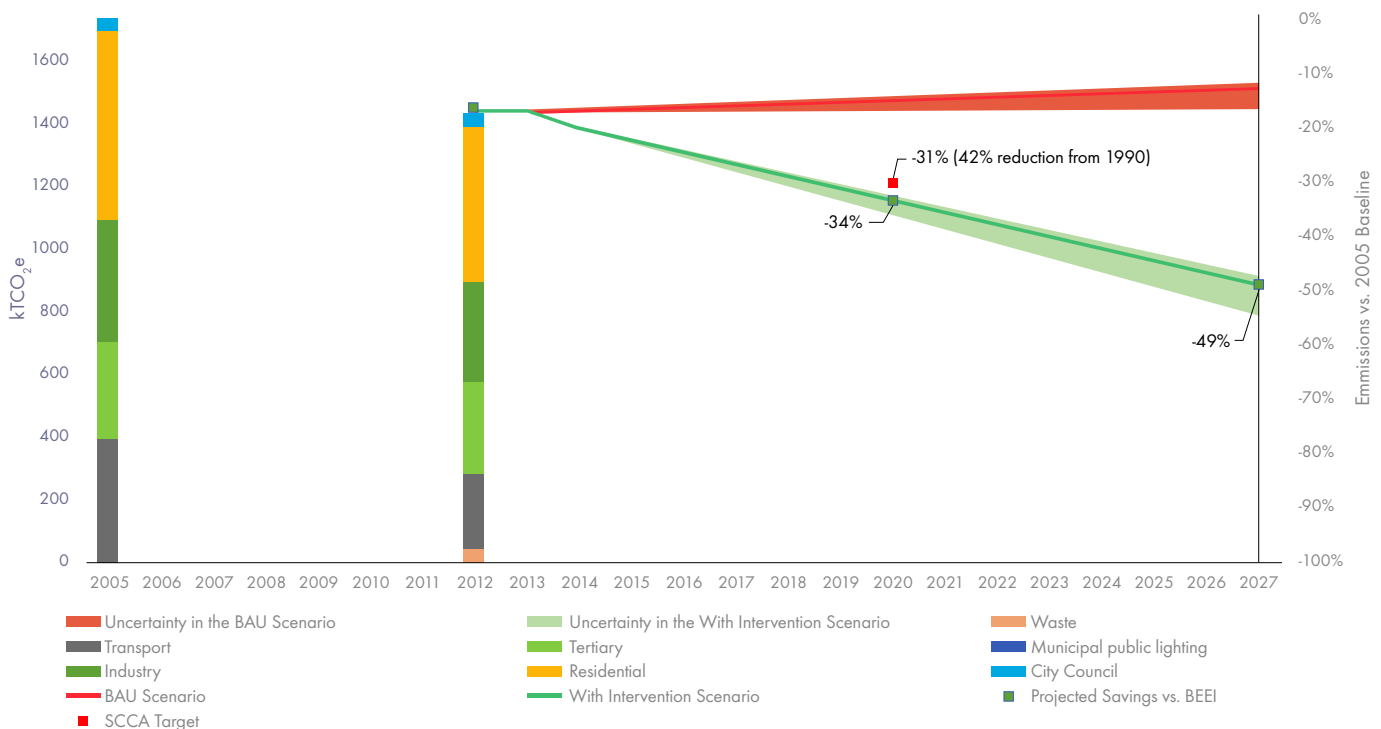
# 4.
# THE FIVE THEMES

**This section introduces how the five key themes identified within the objectives form the foundations of *Powering Aberdeen* actions. In some cases, actions are already underway whereas others are still to be assessed for feasibility.**

The actions have been identified following stakeholder engagement and are just a snapshot in time. The actions are not representative of Aberdeen as a whole due to difficulties in data capture; however it is hoped they will become more robust as *Powering Aberdeen* develops. A detailed list of actions is illustrated in Annex 1.

Referring back to figure 4, areas which have high emissions include the residential, industrial, tertiary and transport sectors. It is important to address these as priority actions within the five themes.

Figure 5 – Powering Aberdeen's five themes



**Energy Efficiency -** increase energy efficiency of buildings across the city, reducing energy bills and alleviating fuel poverty.

**Resource Efficiency -** encourage resource efficiency through promotion of the circular economy.

**Alternative Technologies -** increase the percentage of alternative technologies used in energy production and demand management, helping to deliver savings.

**Low Emission Society -** support alternative modes of transport, innovative change in fuel usage, increasing air quality and educating people about the benefits and opportunities of these.

**Leadership and behaviour Change -** embedding Powering Aberdeen principles in city decision making.

POWERING ABERDEEN

## 4.1 Theme 1: Leadership and Behaviour Change

*Powering Aberdeen* will inform policies, plans, strategies and their implementation across a range of stakeholders, using appropriate regulations to support delivery. *Powering Aberdeen* will also look to inform future legislation and best practice through participation in consultation responses and leveraging support.

This will involve incorporating the reduction of city wide emissions and energy consumption in strategic decision-making whilst ensuring the benefits of *Powering Aberdeen* are referenced within all relevant documentation.

There will also be a role in strengthening communities and businesses to manage their own energy needs, whilst supporting research and consideration within planning and construction practices.

Work will be undertaken to encourage behaviour towards the implications of a changing climate, continuing on from the many campaigns and promotional activities that are already underway.

**CASE STUDY:** The future success of Aberdeen is built on the decisions made today. According to the report Britain's *Building Stock – a Carbon Challenge,* it is estimated that 87% of the buildings standing today in Britain will still be around in 2050. Therefore the very highest standards for the built environment should be demanded. ACC intends to do this through the development of a Buildings Performance Policy. It is hoped this will ensure the local authority is seen to:

- lead by example and promote the quality of development expected from the private sector,
- produce modern buildings which are worthy of standing next to Aberdeen's outstanding built heritage,
- ensure these buildings are efficient and adaptable to support our current and future needs and;
- that all of this is done in the context of achieving long term value for money.

If approved, the Buildings Performance Policy will set clear standards for construction, energy performance and digital connectivity; whilst referencing the requirements of district heat expansion.

## 4.2 Theme 2: Energy Efficiency

Energy used to heat and light residential, commercial and industrial properties is a major contributor to emissions across the city. In many cases, reducing emissions will also lead to potential financial savings.

Maximising energy efficiency requires that energy consumption is better managed. A measure is more energy efficient if it delivers more services for the same energy input, or the same services for less energy input.

Focusing on energy efficiency is one of the most cost-effective ways of reducing emissions. It often includes a range of retrofit measures such as boiler efficiencies, insulation, controls and building energy management systems.

This theme will focus on the energy performance of public buildings, energy monitoring programmes, streetlight replacement, insulating and externally cladding properties and building energy efficient homes and schools. These measures will be supported with awareness raising and behaviour change campaigns.

**CASE STUDY:** Energy efficiency retrofitting. As part of the Housing Capital Programme, the Combined Heat and Power (CHP) district heating scheme at Seaton was extended to link in a further 741 flats, including up to 71 privately owned flats, in Bayview, Northsea, Aulton, Beachview, Balgownie, Inverdon, St Ninians and Lord Hays Courts. CHP is a system whereby electricity is generated locally for sale and the heat emitted by the generator is captured and used to heat properties instead of being released to atmosphere.

Seven of these blocks had electric heating and did not meet the Scottish Housing Quality Standard. Tenants of all properties were either sheltered or had communal heating systems and paid for their heating and hot water through the Council's Heat with Rent scheme. In tandem with this work, over-cladding and window replacement was undertaken to limit water ingress and increase energy performance.

**CASE STUDY:** The £1.2 million North East of Scotland Shared Data Centre (NESSDC) scooped a Green Gown award, which recognises exceptional sustainability initiatives in tertiary education.

In a double celebration, the project was also named Data Centre Project of the Year in industry awards covering the UK's entire IT industry, beating off competition from Tesco and Capital One.

The ten month, large-scale, complex and high risk project saw an upgrade to the live primary data centre at the University of Aberdeen. The goal was to turn an aged data centre into a state of the art shared data centre for all tertiary educational establishments in the North East of Scotland and spearhead a shared-service approach.

Tasks included major construction work, innovative technology deployment and relocation of all network and server kit whilst all business operations were kept running.

## 4.3 Theme 3: Resource Efficiency

Resources are often wasted through a lack of life-cycle thinking and due care and attention given to project management. Being resource efficient is about maximising the supply of money, materials, staff and other assets that can be used by a person or organisation in order to function effectively, with minimum waste.

Resource efficiency is a fundamental principle of the circular economy. This is an economy that is producing no waste or pollution. According to the Waste and Resources Action Programme (WRAP) a circular economy is an alternative to a traditional linear economy (make, use, dispose) in which we keep resources in use for as long as possible, extract the maximum value from them whilst in use, then recover and regenerate products and materials at the end of each service life .

It is important to ensure resources are used efficiently to minimise waste and resultant emissions throughout the life span of the product or activity. ***Powering Aberdeen*** considers resource efficiency to be an important theme to be addressed by a number of major actions. These will include the expansion of mixed recycling services, the construction of an Energy from Waste (EfW) facility connected to the district heating network, the more effective use of space and assets and the support of innovation in pursuit of a circular economy.

**CASE STUDY:** Recycling facilities for thousands of Aberdeen residents are set to improve, as the ACC begins installing new communal bins for mixed recycling from January 2016. The new bins will have blue lids and will be located next to general waste bins in areas with a bulk bin service. Residents will be able to recycle all their materials in one bin, including paper, card, glass, food and drink cartons (Tetra-Paks), plastic bottles, pots, tubs and trays, food tins, drinks cans, aerosols, foil and foil trays.

Any waste that is leftover will into the black bin for landfill. The new system is easier and more convenient to use because it allows all recyclable materials to go into a single bin. More materials can be recycled too including plastic pots, tubs and trays and food and drink cartons and it is more efficient to collect. As a result ACC uses taxpayers' money more effectively by saving on collections and landfill tax. Once collected the items are sent to a material recovery facility or MRF, baled and then shipped to various reprocessors. There, the materials are recycled into valuable resources such as new bottles, cans and newspapers.

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## 4.4 Theme 4: Alternative Technologies

Scotland's population is increasing, and how we live is changing too. By living longer in smaller households we are demanding more houses and more energy. Scotland's population was approximately 5.3 million in 2012. The latest projections suggest that this will rise to 5.76 million by 2035. The number of households grew faster than the rate of population increase (by 343,000, or 17%) between 1991 and 2012, indicating that household structures are changing, with fewer occupants per household.  These trajectories are greater in Aberdeen.

Projections suggest that by 2035 the number of households in Scotland will increase to 2.89 million. This will further increase demand for housing and energy. At present, Aberdeen still relies heavily upon non-renewable sources of fuel which, through extraction and production, release significant emissions.  It is important to ensure future energy security by transitioning to a renewable infrastructure for both heat and electricity.

*Powering Aberdeen* will seek to increase renewable energy power generation and its procurement. This could include solar farms and offshore wind installations, expanding the district heat network, installing digital infrastructure and virtual networks, and using heat maps, latest research and thermal flyover information in planning decisions, helping to inform accompanying supplementary guidance.

According to the Scottish Government, moving to a largely decarbonised heat sector by 2050 requires action by householders, business and the public sector across Scotland. This will involve using national heat maps to aid the planning process.   There is a target to deliver 40,000 more homes with affordable low-carbon heat from district heating whilst exploiting Scotland's geothermal resources.

Department of Energy and Climate Change (DECC) statistics show that almost half (49.7%) of Scotland's electricity demand came from renewable sources in 2014, with Scotland exporting 23.7% of what it generated. Consequently, renewables provided 38% of electricity generated - above both nuclear, at 33%, and fossil fuels, at 28%.

**CASE STUDY:** ACC submitted a Proposal of Application Notice (PAN) for a new Energy from Waste (EfW) facility on a derelict industrial site at East Tullos in October 2015. The submission of the PAN signals the start of the pre-application consultation for the forthcoming planning application.

The proposed £120million development would process non-recyclable municipal waste from Aberdeen City as well as neighbouring local authorities, Aberdeenshire and Moray, subject to a formal legal agreement between the three councils.

A key feature of the EfW plant is the generation of heat and power, essentially developing a waste-fuelled power station to provide secure, low-cost energy to households, businesses and council facilities. Aberdeen has led the

way with the development of Combined Heat and Power (CHP) projects in the city, which has provided energy efficient, low-cost heating in 22 multi-storey blocks and a number of public buildings throughout the city.

The new plant would also help the region meet national recycling targets. The Scottish Government is aiming for 70% of waste to be recycled by 2025, with less than 5% going to landfill. ACC's Waste Strategy aims for the city to be zero waste by 2025.

The site at Greenbank Crescent, East Tullos, is identified as a waste management site in the proposed Aberdeen Local Development Plan. The planned capacity for the facility is approximately 150,000 tonnes of waste a year. ACC collected 112,880 tonnes of municipal solid waste in 2014, of which 37,331 tonnes was recycled and the remainder went to landfill.
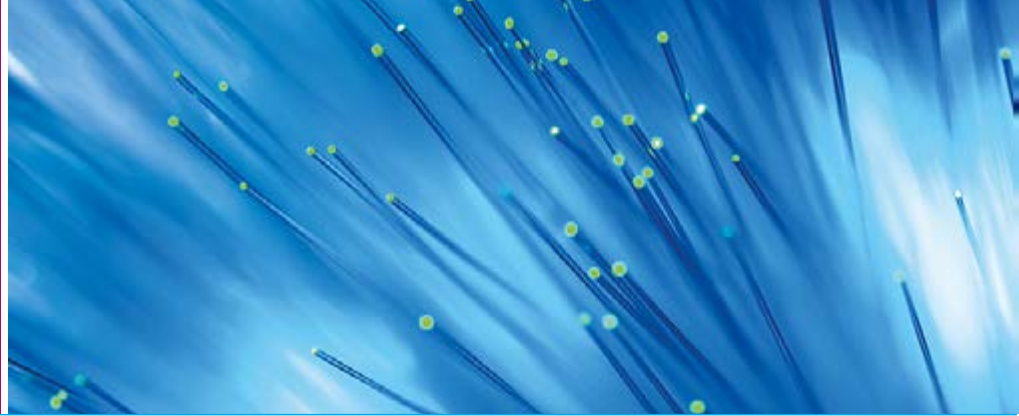
## 4.5 Theme 5: Low Emission Society

Developing a low emission society will require a change to people's behaviour in how they commute, use resources and live a healthy life.  *Powering Aberdeen* will look to progress towards a low-emission society by supporting projects such as:

- Promotion of sustainable transport initiatives.
- Expansion of the co-wheels network.
- Expansion of the hydrogen network.
- Increasing modal share for public transport and active travel.
- Increasing use of clean fuels in transport.
- Undertaking fleet reviews.
- Using digital technologies to negate the need to travel including video conferencing, smarter working etc.
- Developing markets for low and no emission technologies.
- Supporting the principle of the circular economy, moving away from traditional models of growth.
- Working with the education system to provide students/skilled people to inform and assist in the low emission transition.
- Encouraging the production and sourcing of sustainable food.

**CASE STUDY:** *H2 Aberdeen* is an initiative to bring a hydrogen economy to the Aberdeen City Region.  It will secure the area's position as an energy city, now and in the future.

Hydrogen, as an energy storage medium, offers an opportunity to maximise the capacity of renewable energy. With the transferable oil and gas expertise in the North East of Scotland and a capacity for renewable energy generation, there is an opportunity to further enhance our economic competitiveness by being at the forefront of a hydrogen economy.

The *H2 Aberdeen* initiative has delivered to date:

- a hydrogen strategy outlining the key actions required by the City Region over the next 10 years;
- a state-of-the-art hydrogen production and bus refuelling station;
- 10 hydrogen fuel cell buses, the Europe's largest fleet;
- the *HyTrEc project* (Hydrogen Transport Economy for the North Sea Region) which includes the trial of fleet vehicles - hydrogen hybrid vans and plug in range extended vans.

# THE STRATEGY

# 5.
# THE STRATEGY

**This document has so far discussed what a SEAP is and why it is essential within an Aberdeen context; but of real importance are the next steps. This section discusses *Powering Aberdeen's* roadmap, providing detail on how the measures will be progressed and implemented.**

## 5.1 Leadership and capacity

It became clear from the stakeholder workshops that to take *Powering Aberdeen* forward, clear leadership would be needed. It was suggested that ACC fulfil this role, as it has the greatest understanding and potential influence of city-wide activities. However, it was noted that all stakeholders should lead by example and push this agenda through their own organisational leads and contribute through *Powering Aberdeen's* governance model and delivery of actions.

## 5.2 Governance and delivery

Successful implementation of *Powering Aberdeen* will require strong governance at both strategic and action level. ACC will lead on the development of a steering group, programme board and thematic sub-groups, as illustrated in figure 6.

It is expected that stakeholder representation will be required through all levels of the governance structure to ensure *Powering Aberdeen* progresses holistically and that responsibility is shared equally.

All actions identified will be expected to have appropriate project plans and business cases with clear lines of responsibility within the lead stakeholder organisation. In the case of larger infrastructure or strategic projects individual project governance with project plans, resources and reporting structures may be appropriate. Where practicable, use will be made of existing working groups and partnerships to avoid duplication.

One of the key aspects of *Powering Aberdeen* will be the management and tracking of the benefits associated with the actions. This will involve the following:

- The construction of a 'benefits realisation plan' (BRP) demonstrating and tracking benefits aligned with the strategic objectives that set the context for the programme.
- Responding to exceptional situations on the actions or projects that will cause a change to the BRP.
- Monitoring and review of progress to include anticipating emerging risks to the BRP, to the Programme Board and relevant stakeholders.
- Embedding emissions quantification measures into programme and project management procedures and developing quality management systems to ensure easy and verified reporting.

**Figure 6 – Powering Aberdeen governance**

**SUPPORT**

**GROUP**

**POWERING ABERDEEN SPONSOR**
Director of Communities, Housing and Infrastructure. Provided by Aberdeen City Council.

**POWERING ABERDEEN PROGRAMME MANAGER**
Provided by Aberdeen City Council.

**POWERING ABERDEEN ADVISORY PANEL**
Specialist advice provided by experts in their field will be invited to provide advice and support to the Powering Aberdeen programme in relation to their areas of expertise to help implement or formulate project ideas.

**SECRETARIAT FUNCTION**
Provided by Aberdeen City Council.

**POWERING ABERDEEN STEERING GROUP**
Chair: Powering Aberdeen Champion - Selected Elected Member

**Members:**
Powering Aberdeen Sponsor and Programme Manager
Educational Institutes
Aberdeen Council of Voluntary Organisations
Aberdeen and Grampian Chamber of Commerce
National Health Service
Police Scotland
Aberdeen Inspired
Scottish Enterprise

Responsible for overseeing the Powering Aberdeen programme, reviewing its progress and effectiveness and helping engage stakeholders across the city in the programme.

**POWERING ABERDEEN WORKING GROUP**
Chair: Powering Aberdeen Spnsor

**Members:**
Programme Manager
Similar representation to that of the steering group

Responsible for driving the programme forward, developing projects and monitoring outcomes and benefits.

**Themed sub-group**

**Themed sub-group**

**Themed sub-group**

**Themed sub-group**

**Themed sub-group**

**Themed sub-group**

Sub-groups may evolve over time to deliver particular projects or consider particular themes. The will be responsible for developing or driving forward a particular initative and may be of short or long-term in duration.

## 5.3 Resources

ACC has nominated Councillor Jean Morrison as **Powering Aberdeen's** Project Champion and to chair the steering group; whilst the Director of Communities, Housing and Infrastructure, Pete Leonard has been designated the Project Sponsor, responsible for chairing the programme board.

ACC has acknowledged that a dedicated resource needs to be made available for overseeing **Powering Aberdeen's** development, implementation and evolution. As such, a SEAP Programme Manager post has been established for a three year fixed term period. Further, an Emissions Accountant post has been established to help support this role; with specific emphasis on helping stakeholders within ACC become familiar with emissions reporting.

It is also recognised that expertise exists within Aberdeen and nationally that can be used in delivering **Powering Aberdeen.**

## 5.4 Building momentum

Aberdeen has been working on a number of projects to address emissions and alternative energy supply for a number of years, with significant progress being made in certain areas such as district heating, hydrogen fuel provision, waste recycling and domestic property retrofitting. **Powering Aberdeen** will build upon these successes, accelerating further innovation, collaborative working and investment.

**CASE STUDY:** Aberdeen Heat and Power - In 2002 ACC created 'Aberdeen Heat & Power', a not-for-profit independent Company, to develop CHP schemes for the city.

ACC has 4,500 flats in 59 multi storey blocks spread across the city. In 1999 these blocks were surveyed and were found to have very low energy ratings and consequently classed as difficult and expensive to heat. Many tenants were living in 'fuel poverty' conditions in under heated properties.

The initial focus was on a cluster of 288 flats in 4 multi storey blocks at Stockethill. All the flats had electric storage heating. It was estimated that energy ratings could be substantially improved; $CO_2$ emissions reduced by 40% and most importantly, the tenants could have warm homes for approximately half of the previous cost. The total cost of the scheme was £1.6 million of which £730,000 was provided by the Community Energy Programme.

Since then further work has been undertaken to expand the district heating network through Hazelhead, Seaton, Tillydrone and Cairncry.



**CASE STUDY:** The Suttie Centre for Teaching and Learning in Healthcare received the highest national rating of Excellent in the Bespoke category, which was awarded at the BREEAM 2008 Award Ceremony at the Earls Court, London on 18 September 2008. The new medical education and clinical teaching centre is currently operational, providing the University of Aberdeen and NHS Grampian with first-class facilities for training health professionals and doctors. Some of the building's environmental features include:

- An exposed reinforced concrete frame which helps to maximise the benefits of thermal mass
- A highly efficient façade system
- A rainwater harvesting system which collects rainwater and is used to flush WCs
- A building management system to monitor plant items and energy consumption
- Low carbon technologies and passive renewables to reduce energy demands and reduce carbon footprint.
- A design which maximises the controlled use of natural daylight.

**CASE STUDY:** Wherever possible, Dandara sources its people, equipment and materials locally and this is an approach, which has proved to be extremely successful, yielding tangible benefits for the Group both as an employer and a business.

Dandara are committed to minimising the impact of their activities without compromising the quality, usability and durability of the environments they create and continue to develop new strategies to help achieve this goal and maximise future value for their customers.

**CASE STUDY:** Through the Aberdeen based Mitigation in Urban Areas: Solutions for Innovative Cities (MUSIC) project in a pilot project to reduce energy consumption in public buildings took place where photovoltaic (PV) solar panels were installed on Loirston Primary School. This project has also led to the assessment of 90 public buildings in Aberdeen being assessed for suitability; many of these have now had PV panels installed including schools and community centres.

50kw PV system displaces on average 35,753 kWh of electricity from the National Grid annually, reducing carbon emissions by 19,060 kg annually, giving around 475 tonnes lifetime carbon savings (based on conversion factor of 0.5331 per Kwh).

An educational package accompanied the PV panels which involved a presentation to pupils and teachers, and a home energy monitoring project to engage parents. An online game (Energy City) was also developed for primary 5-7 pupils across Aberdeen.

Building and maintaining momentum will require a co-ordinated approach to city development to ensure these cross-cutting themes are embedded within the visions and aims of all Aberdeen stakeholders. Individual measures need to be integrated into a single over-arching programme which can support symbiotic partnerships and match resources and skills, enabling better communication and achieving greater results for the city. It is hoped that **Powering Aberdeen** will help fulfil this function.

## 5.5 Partnership working and engagement

Crucial to successful implementation of **Powering Aberdeen** is partnership working across the public, private and third sectors. Partners will need to work collaboratively to develop measures, monitor performance and contribute overall.

The range of sectors involved will bring different expertise. Businesses will offer opportunities for providing pioneering solutions, job creation and market diversification. Education establishments have a role to play in upskilling the workforce whilst undertaking research and development. This will ensure cutting-edge design and innovative thinking is at the heart of the strategic agenda.

Partnership working will promote a dialogue with the many community and voluntary groups across the city, building upon their local knowledge and enthusiasm to empower citizens and develop community-led initiatives.

There are a number of benefits of working in partnership in this way. Partners share the decision making and the responsibility; making the most of each organisations abilities whilst potentially having greater access to funds that require collaborative working as part of their eligibility criteria. It will also be necessary to work within existing structures, such as the Single Outcome Agreement and Community Planning Partnership to help inform city development.

Stakeholder engagement and statutory consultations have been done through all stages of **Powering Aberdeen's** development. Further engagement will be necessary to raise awareness of **Powering Aberdeen** to all stakeholders as it is implemented.

Communication and promotions will be developed to accompany **Powering Aberdeen**, building upon the Shaping Aberdeen webpages and established stakeholder networks.

## 5.6 Monitoring and reporting

Day to day programme management will be overseen by the Project Management Office (PMO) within ACC. This support will review the high level objectives of **Powering Aberdeen** and also ACC's own progression of its actions. This will be reported upon monthly in the form of a corporate dashboard.

Individual stakeholders will have their own reporting mechanisms in place for monitoring progression of actions.

It is expected that the SEAP Programme Manager will had an over-view of all stakeholder's progress and will gather data to provide annual reports to the steering board. Furthermore detailed reports will be provided to the CoM every two years in the form of an 'enhanced SEAP document' accompanied by the MEEI. This will require information on quantified savings and progress against agreed targets with input necessary from all stakeholders.

Compliance with strategic outcomes will be monitored through the steering group on a quarterly basis, where actions will be reviewed and modified. Feasibility and development of new initiatives will be discussed at the programme board level with feedback provided to both the steering group and thematic sub-groups.

## 5.7 Development Planning

A key area where ACC has influence is within the planning process, aside from this, the influence ACC has over city-wide emissions is minimal; with the majority arising from commercial and industrial activity, transport, waste and domestic consumption.

Following feedback from Scottish Natural Heritage (SNH) during the screening stage of the Strategic Environmental Assessment (SEA), **Powering Aberdeen** is to be included within the SDP scheduled for revision in 2016. The implications of which should transcend all policies, strategies and guidance that sit beneath this including reference within the Local Development Plan (LDP) and accompanying supplementary guidance. This will ensure that the principles of **Powering Aberdeen** are truly embedded within city development.

## 5.8 Community Empowerment

**Powering Aberdeen** will engage the wider community in the benefits of taking forward measures to reduce emissions and find alternative forms of energy supply, including youth groups, community councils, voluntary organisations and charities. It is essential that the citizens of the city share the principles of **Powering Aberdeen's** as they play a key role in fulfilling measures out with ACC control, for example considering emission and energy management within the home. This could be further supported through application of the Community Empowerment Act. This Act will help to empower community bodies through the ownership of land and buildings, and by strengthening their voices in the decisions that matter to them.

Active communities may even have the potential to take energy supply to their homes and businesses into their own hands by establishing energy co-operatives or crowd-funded projects. In recent years the trend in communities taking back this control and becoming energy independent has been increasing. Some local examples include Udny community wind turbine and Braemar micro-hydro in neighbouring rural Aberdeenshire. The benefits of community ownership go beyond those associated with emissions reduction and energy security, and can include increased community involvement and improved community spirit, creating an investment vehicle where funds can be reinvested locally providing greater financial control and responsibility, and providing volunteer opportunities.

# POWERING ABERDEEN - THE JOURNEY AHEAD
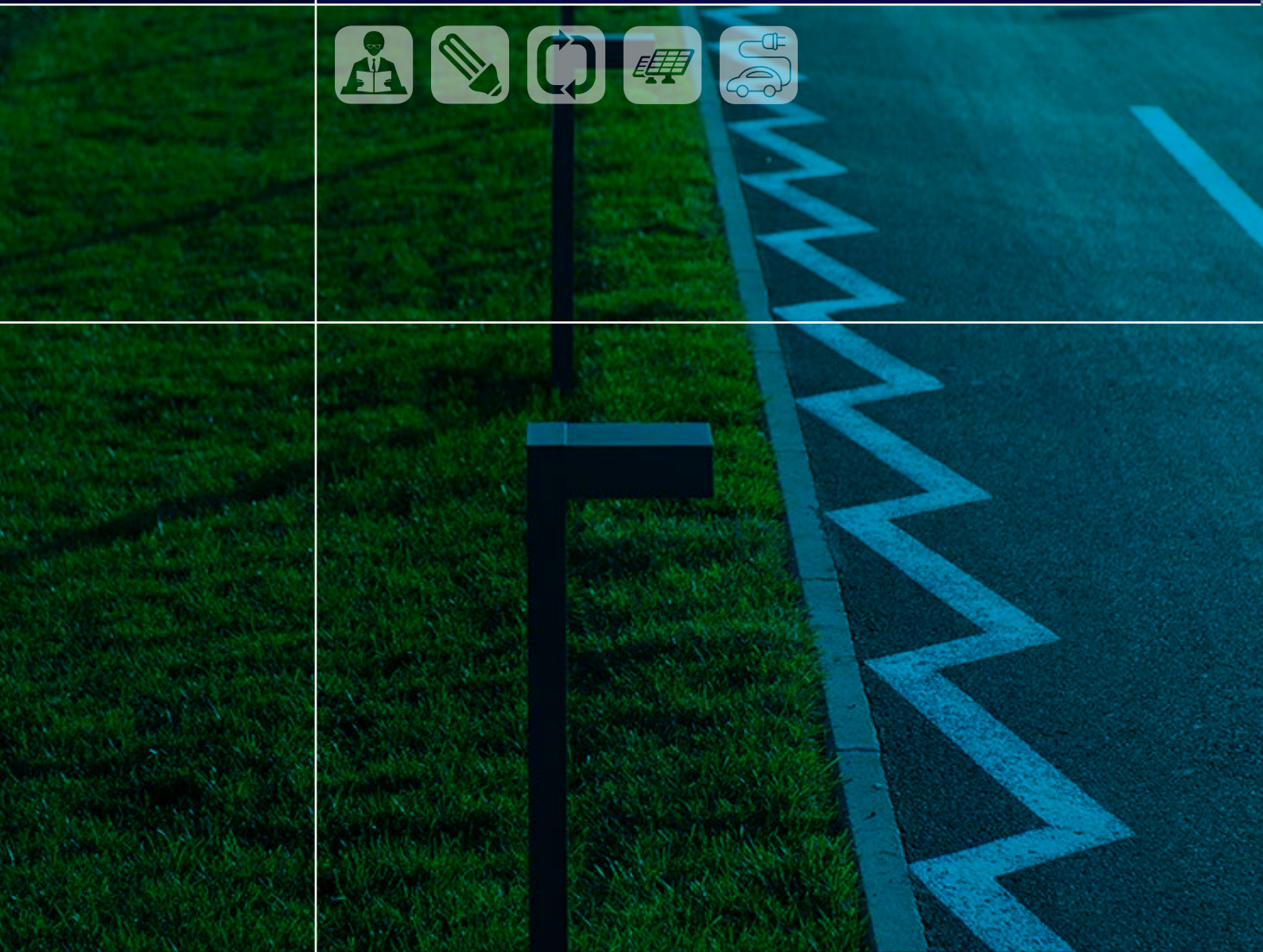
# 6.
# POWERING ABERDEEN – THE JOURNEY AHEAD

**This section will look at the journey ahead for *Powering Aberdeen*; noting that this programme is subject to change, with a need to be flexible and having the ability to adapt to changing resource, legislation, best practice and many other factors.**

## 6.1 Initial Action Plan

Annex 1 presents the initial action plan for *Powering Aberdeen*. This is made up of actions that are being driven by Aberdeen City Council and a number of key public stakeholders. The intention is that the Action Plan will evolve and grow as more partners become involved.

## 6.2 Funding

Funding will be particularly important for larger transformational projects. There are many avenues to pursue for funding ranging from government grants, EU funding allocations, finance schemes, private sector investment, crowd- funding and other equity schemes.

Potential funding streams are available from a number of sources, including investment funds at concept stage, programme funds, project development assistance during action implementation, and alternative financing schemes. The CoM has compiled a financing opportunities matrix that illustrates these avenues further[17]; this is supported by a thematic leaflet looking an inspirational finance schemes, showcasing best practice examples[18].

Some of these funding opportunities have eligibility criteria which mean they may only be accessible via specific channels; for example some may only be open to local authorities whilst others may be available to community groups. To increase opportunities for gaining access to such funds, the need to work collaboratively will be essential.

It should be acknowledged that some of the actions identified in annex one already have funding in place. What is evident is that further significant investment will be needed to ensure attainment of the targets. All sources of funding will be explored alongside any new opportunities that may arise following the Paris pledge.

The project manager of each action will have responsibility for overseeing action financing.

## 6.2 Next steps

*Powering Aberdeen* will build upon the foundations that have been developed over the last eighteen months.

Following the SEA public consultation on the accompanying environmental report, feedback will be incorporated prior to finalising this document. Steering group members will then endorse *Powering Aberdeen* by becoming a signatory, before submission to Full Council for approval. After which, *Powering Aberdeen* will be submitted to the CoM for approval.

In the time between CoM approval and the development of an enhanced document, effort will be spent upon improving data capture, monitoring progress, developing collaborations and reporting. In parallel with this the actions will be progressed and further discussion will commence on identifying new actions.

It is hoped that by 2030, Aberdeen will be a world leading energy city, providing solutions for an increasingly congested world. It has reduced its emissions by 50%, diversified local industry where businesses are managed responsibly, established energy security providing the energy people need in a reliable and sustainable way, increased employment within the region, developed an alternative fuel infrastructure, alleviated fuel poverty and improved the health and wellbeing of its citizens, whilst protecting the environment for future generations.

This transition will have been achieved through collaborative working across all sectors, community empowerment and strong leadership. The result will be a sustainable city where people across the globe aspire to live, where everyone can enjoy a healthy life and powered by a fair share of the Earth's resources.

[17] http://www.eumayors.eu/IMG/pdf/Financing_Opportunities_Matrix.pdf
[18] http://www.eumayors.eu/IMG/pdf/EN_thematic_leaflet_3_web-2.pdf

# CONTACTS AND FURTHER INFORMATION

## Be involved

***Powering Aberdeen*** needs to involve everyone in its development and implementation. This includes everyone who lives and works within the city and also those who visit the city.

***Powering Aberdeen*** will evolve over time reflecting changes to legislation, best practice and attitudes. Essential to success will be continued stakeholder engagement and communication. Further work will be done to ensure more organisations are involved including those from the public, private, third sectors as well as community and youth involvement.

***Powering Aberdeen*** ambition is to be as big as the ambition of the city's citizens. Aberdeen needs you.

## Contacts

**Councillor Jean Morrison** – Project Champion
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**Terri Vogt** – SEAP Programme Manager
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**Amy Gray** – Senior Sustainable Development Officer
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01224 522725
amgray@aberdeencity.gov.uk

# GLOSSARY

| | |
|---|---|
| ACC | Aberdeen City Council |
| ACSEF | Aberdeen City and Shire Economic Futures |
| ACSSDP | Aberdeen City and Shire Strategic Development Plan |
| Alternative technologies | Alternative technologies relates to energy provided from other sources aside from fossil fuels, this can include hydro power, combined heat and power, biomass and renewable energy for example |
| AWPR | Aberdeen Western Peripheral Route |
| BAU | Business As Usual |
| BEEI | Baseline Energy and Emissions Inventory |
| BREEAM | Building Research Establishment Environmental Assessment Methodology |
| BRP | Benefits Realisation Plan |
| CCA | Climate Change Act 2009 |
| CCPI | Climate Change Performance Index |
| CHP | Combined Heat and Power |
| $CO_2$ | Carbon Dioxide |
| CoM | Covenant of Mayors |
| CUSP | Centre for Understanding Sustainable Practice |
| DECC | Department of Energy and Climate Change |
| EC | European Commission |
| ECT | Environmental and Clean Technology |
| EfW | Energy from Waste |
| EU | European Union |
| ESCO | Energy Service Company |
| FoE | Friends of the Earth – a stakeholder involved in SEAP development |
| FSB | Federation of Small Businesses – a stakeholder involved in SEAP development |
| GDP | Gross Domestic Product |
| GHG | Greenhouse Gas |
| GVA | Gross Value Added |
| HGVs | Heavy Goods Vehicles |
| HyTrEc | Hydrogen Transport Economy for the North Sea Region |
| IPCC | Intergovernmental Panel on Climate Change |
| KSB | Keep Scotland Beautiful – a consultant involved in scenario modelling workshops |
| LCES | Low Carbon Economic Strategy |
| LCLIP | Local Climate Impacts Profile |
| LDP | Local Development Plan |
| LED | Light Emitting Diode |
| LTS | Local Transport Strategy |
| MEEI | Monitoring Energy and Emissions Inventory |
| MRF | Materials Recycling Facility |
| MtCO2e | Million metric tonnes of carbon dioxide equivalent |
| NESTRANS | North East Scotland Transport Partnership – a stakeholder involved in SEAP development |
| NFES | National Grid Future Energy Scenarios |
| NPF | National Planning Framework |
| NSA | Nicki Souter Associates – consultants undertaking workshop facilitation |
| NTS | National Transport Strategy |
| Renewable energy | Energy from a source that is not depleted when used, such as wind or solar power |
| RGU | Robert Gordon University |
| RPP2 | Scottish Government's Second Report on Plans and Priorities |
| RTS | Regional Transport Strategy |
| SBC | Scottish Business in the Community – a stakeholder involved in SEAP development |
| SDP | Strategic Development Plan |
| SEA | Strategic Environmental Assessment |
| SEAP | Sustainable Energy Action Plan |
| SECAP | Sustainable Energy and Climate Action Plan |
| SNH | Scottish Natural Heritage |
| SSE | Scottish and Southern Energy |
| SUMP | Sustainable Urban Mobility Plan |
| UK | United Kingdom |
| WRAP | Waste and Resources Action Programme |

# ANNEX ONE

| KEY ACTION | PROJECT STATUS | LEAD PARTNER | OTHER KEY STAKEHOLDERS | TIMESCALE | RESPONSBILITY |
|---|---|---|---|---|---|
| **THEME 1: LEADERSHIP AND BEHAVIOUR CHANGE** | | | | | |
| Review and update the Carbon Management Plan which will drive carbon emission reductions across Aberdeen City Council's operations. | Planned | Aberdeen City Council | Internal stakeholders | 2016- implementation on-going | Planning and Sustainable Development |
| Develop and seek approval for the Action and Delivery plan which sets out how the commitments in the Sustainable Urban Mobility Plan and Local Transport Strategy will be delivered.  This focuses on increasing walking, cycling and the use of public transport. | Current | Aberdeen City Council | Transport operators, public, funding bodies | Approval 2016  for 5 year plan | Planning and Sustainable Development |
| Undertake training and awareness of the newly approved Building Performance Policy for Aberdeen City Council which sets out minimum energy performance criteria for new builds.  Establish methods to monitor its implementation. | Current | Aberdeen City Council | Internal stakeholders and suppliers | 2016 | Planning and Sustainable Development |
| **THEME 2: ENERGY EFFICIENCY** | | | | | |
| Replace street lights across the City with LED technology. This will be combined with light monitoring and control system to improve energy efficiency. | Current | Aberdeen City Council | Internal stakeholders, contractors, public | 2016-2023 | Public Infrastructure and Environment |
| Continue ACCs on-going programme to improve the energy efficiency of public buildings with the aim of reducing emissions by 2.5% per year. | Current | Aberdeen City Council | Internal stakeholders | On-going | Land and Property Assets |
| Implement a project to gain a better understanding of how vulnerable households connected to the heat network use energy. All properties in the study will be connected to fibre broadband and indoor temperature and energy monitors will be installed.  Using the information from the study the City Council will work with local tenants to encourage them to reduce energy usage where necessary. | Planned | Aberdeen City Council | Householders, energy efficiency organisations | Subject to funding installation in 2016 then on-going | Land and Property Assets and Economic development |

# ANNEX ONE

| KEY ACTION | PROJECT STATUS | LEAD PARTNER | OTHER KEY STAKEHOLDERS | TIMESCALE | RESPONSBILITY |
|---|---|---|---|---|---|
| **THEME 2: ENERGY EFFICIENCY** | | | | | |
| Provide energy use information to 6000 properties gained from a thermal imaging survey and develop a supporting programme to encourage householders to improve the energy efficiency of their property or use energy more wisely. | Planned | Aberdeen City Council | Householders, energy efficiency organisations. | On-going | Land and Property Assets |
| Externally insulate 96 properties in a three-story mixed tenure building in Froghall to improve the energy efficiency of the housing stock. | Current | Aberdeen City Council | Householders, contractors, internal stakeholders. | 2016 | Land and Property Assets |
| Implement a programme to over clad 7 multi storey blocks in the Seaton Area to improve their thermal efficiency. | Current | Aberdeen City Council | Householders, contractors, internal stakeholders. | 2015 to 2018 | Land and Property Assets |
| Install Energy Monitoring Systems at the Altens and city centre Campus's as part of reducing energy usage across the Aberdeen college building portfolio. | Current | North East Scotland College | Internal stakeholders, contractors | 2016 | Property Management |
| Implement Aberdeen City Police Carbon Management plan to reduce use of electricity and gas in the operations. | Current | Aberdeen City Police | Internal stakeholders | On-going | Aberdeen City Police |
| Implement University of Aberdeen's Carbon Management Plan which includes amongst other things energy efficiency measures and refurbishment of buildings to deliver year on year reductions in carbon emissions. | Planned | University of Aberdeen | Internal stakeholders, contractors | On-going | University of Aberdeen |
| **THEME 3: RESOURCE EFFICIENCY** | | | | | |
| Explore the use of cold asphalts on the road network to reduce energy usage. | Future opportunity | Aberdeen City Council | Internal stakeholders, contractors | At feasibility stage | Public Infrastructure and Environment |
| Revise the current recycling collection programme to increase recycling rates, encourage greater participation and increase the levels of materials that can be recycled. | Current | Aberdeen City Council | Householders, contractors and internal stakeholders | On-going | Public Infrastructure and Environment |
| Develop plans to make Aberdeen a Sustainable Food City – producing and buying locally to reduce the amount of miles a product travels. | Planned | Aberdeen City Council | Internal stakeholders, businesses | On-going | Planning and Sustainable Development |

# ANNEX ONE

| KEY ACTION | PROJECT STATUS | LEAD PARTNER | OTHER KEY STAKEHOLDERS | TIMESCALE | RESPONSBILITY |
|---|---|---|---|---|---|
| **THEME 4: ALTERNATIVE TECHNOLOGIES** | | | | | |
| Installation of an anaerobic digestion plant at the new AECC which will power the building and three hotels as well as having available additional heat. These will be BREEEAM excellent buildings. | Planned | Aberdeen City Council | Contractors, internal stakeholders. | Due for completion by 2019 | Economic Development |
| Implement programme to provide district heating to an additional 7 multi storey properties between 2016 and 2018. | Planned | Aberdeen City Council | Householders, contractors and internal stakeholders | 2016-2018 | Land and Property Assets |
| Install CHP at 3 multi storey blocks in 2017/18. | Planned | Aberdeen City Council | Householders, contractors and internal stakeholders | 2017/18 | Land and Property Assets |
| Continue planning for a new energy from waste facility which will remove 96% waste from landfill and provide electricity and heat. | Planned | Aberdeen City Council | Neighbouring local authorities, contractors, utilities companies. | Due for completion 2021 | Public Infrastructure and Environment |
| Develop plans for further expansion of the heat network taking into account the new heat sources at the Energy from Waste plant and AECC. | Future opportunity | Aberdeen City Council and Aberdeen Heat and Power | Internal stakeholders and potential partners | 2016/17 | Aberdeen City Council and Aberdeen Heat and Power |
| Aberdeen Heat and Power to complete a feasibility study to use a water source heat pump for the Seaton Heat network which would reduce carbon emissions further for the heat supplied to the network. | Future opportunity | Aberdeen Heat and Power | Internal stakeholders and contractors | 2016 | Aberdeen Heat and Power |
| Upgrading and refurbishment of the Aberdeen University district heating network system to achieve further efficiency gains which will reduce carbon emissions. | Current | University of Aberdeen | Internal and contractors | 2016 | University of Aberdeen |

# ANNEX ONE

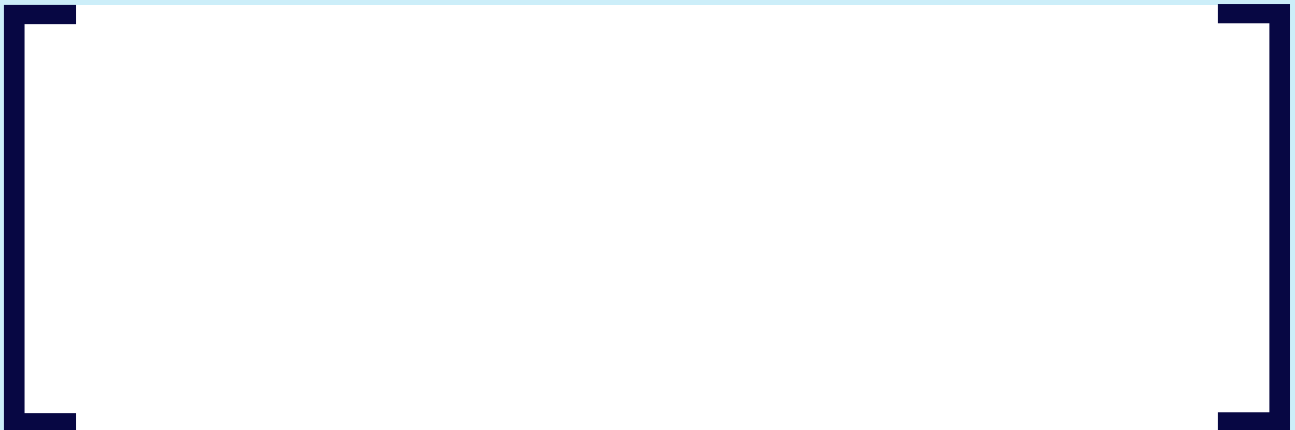| KEY ACTION | PROJECT STATUS | LEAD PARTNER | OTHER KEY STAKEHOLDERS | TIMESCALE | RESPONSBILITY |
|---|---|---|---|---|---|
| **THEME 5: LOW EMISSION SOCIETY** | | | | | |
| Develop two additional Park and chose sites on the A96 and at school hill with the aim of doubling the number of people using Park and Choose by 2021. | Planned | Aberdeen City Council | Public, internal stakeholders, transport operators and contractors | On-going | Public Infrastructure and Environment |
| Continue to expand the co-wheels car club and promote and encourage it's wider spread use across the city. | Planned | Aberdeen City Council | Public and businesses | On-going | Planning and Sustainable Development |
| Introduce digital intelligent traffic management systems to alleviate congestion, which helps improve air quality and reduce emissions. | Planned | Aberdeen City Council | Public transport operators, internal and external stakeholders | On-going | Public Infrastructure and Environment |
| Continue to seek funding to expand the current hydrogen fleet of 10 buses and encourage greater uptake of hydrogen across the city as an alternative fuel. | Planned | Aberdeen City Council | Internal stakeholders, partners and transport operators | On-going | Economic Development |
| Implement the Transport Action and Delivery Plan to improve the air quality in the city centre through measures to encourage more walking and cycling and greater use of public transport. | Planned | Aberdeen City Council | Public, internal stakeholders, transport operators and contractors | 5 year plan | Planning and Sustainable Development |
| Implement a carbon management plan at Aberdeen College to reduce carbon emissions from transport. This will involve reducing business miles, purchasing low emission vehicles and increasing the use of video conferencing. | Current | North East Scotland College | Internal stakeholders, public transport operators, suppliers | On-going | Carbon Management Plan. |

# PUBLIC CONSULTATION QUESTIONS

1. **Do you agree with the vision on page 8? If not, how would you change it?**

2. **Do you agree with the objectives on page 9 - 12?**

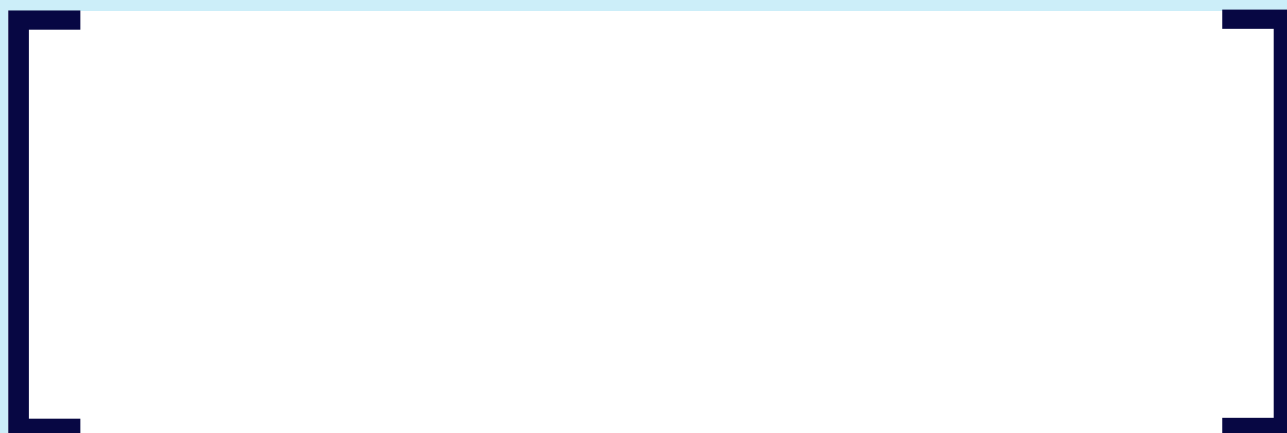3. **Do the objectives cover all areas of interest to you or your organisation?**
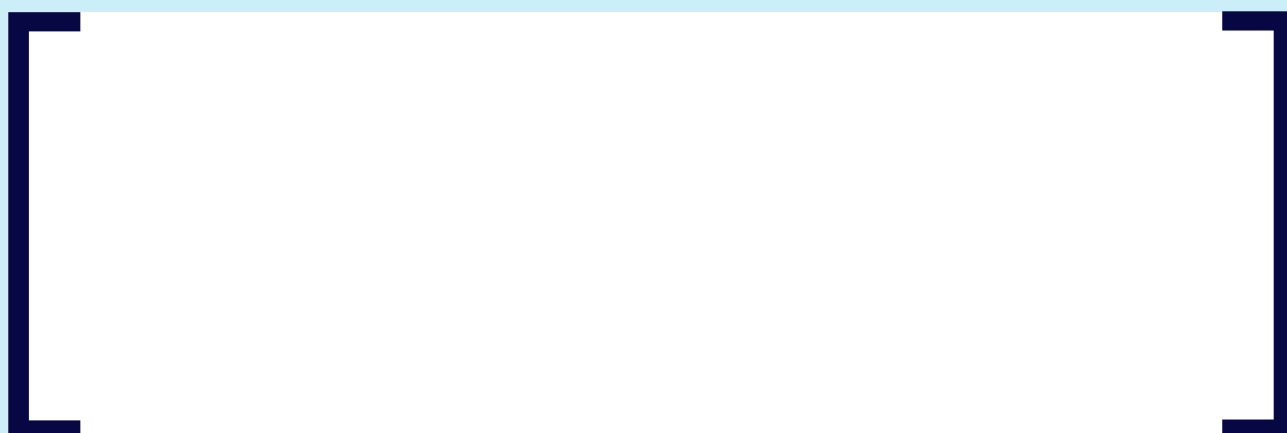
# PUBLIC CONSULTATION QUESTIONS

4. **Does the direction of Powering Aberdeen align with you or your organisations own vision, objectives, values?**

5. **Can the objectives collectively deliver the transformation aspired to, in your opinion?**

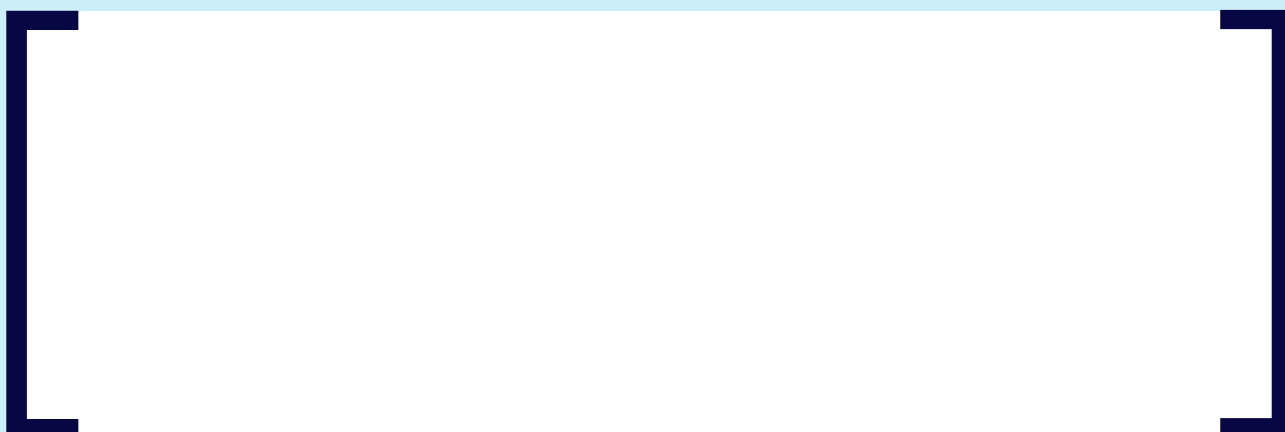6. **What do you think of the five themes on pages 28 - 32?**

# PUBLIC CONSULTATION QUESTIONS

7.  **What are your thoughts on the governance structure shown on page 35?**

8.  **Who else should be involved with Powering Aberdeen?**

9.  **Are you aware of other actions that are already happening? If so, please provide information on this, where possible providing contact details, organisation and information on the project itself.**

# PUBLIC CONSULTATION QUESTIONS

**10.** **What other actions could be taken forward?**

**11.** **Would you like to be involved?  If so, please let us know by providing your contact details.**

# POWERING ABERDEEN:

## ABERDEEN'S SUSTAINABLE ENERGY ACTION PLAN

ABERDEEN
CITY COUNCIL

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## Post-adoption Statement for Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan

| PART 1 | | |
|---|---|---|
| **To** | Sea.gateway@scotland.gsi.gov.uk<br><br>Or<br>SEA Gateway<br>Scottish Executive<br>Area 1 H (Bridge)<br>Victoria quay<br>Edinburgh EH | |

| PART 2 |
|---|
| A Post-adoption Statement for the plan entitled |

**Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan**

The Responsible Authority is:

Aberdeen City Council

| PART 3 |
|---|

| | |
|---|---|
| **Contact Name**<br><br><br>**Job Title** | Terri Vogt<br><br>SEAP Programme Manager |
| **Contact Address**<br><br><br><br><br><br><br><br><br><br>**Contact tel no**<br>**Contact email** | Planning and Sustainable Development<br>Communities, Housing & Infrastructure<br>Aberdeen City Council<br>Business Hub 4<br>Ground Floor North<br>Marischal College<br>Broad Street<br>Aberdeen<br>AB10 1AB<br>01224522677 |
| **Signature** | TVogt |
| **Date** | XXXXX 2016 |

| INTRODUCTION |
|---|

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This document referred to here as the Post-Adoption SEA Statement) has been prepared in accordance with Section 18 of the Environmental Assessment (Scotland) Act 2005.

## AVAILABILITY OF DOCUMENTS

**Website**

The full PPS as adopted, along with the Environmental Report and Post-Adoption SEA Statement are available on the Responsible Authority's website at:

http://www.aberdeencity.gov.uk/

**Office Address**

The Full PPS as adopted, along with the Environmental Report and Post-adoption SEA Statement may also be inspected free of charge (or a copy obtained for a reasonable charge) at the principle office of the Responsible Authority.

**Contact name, address and telephone number:**

Terri Vogt
SEAP Programme Manager
Planning and Sustainable Development
Communities, Housing & Infrastructure
Aberdeen City Council
Business Hub 4
Ground Floor North
Marischal College
Broad Street
Aberdeen AB10 1AB
01224522677

**Times at which the documents may be inspected and a copy obtained:**

Monday to Friday (0900 – 1700)

**Table of Contents**

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## 1. Key Facts

| | |
|---|---|
| Name of Responsible Authority | Aberdeen City Council |
| Title of the PPS | Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan |
| What Prompted the PPS | Development of a SEAP is a commitment of Covenant of Mayors (CoM) which ACC is a signatory of. The CoM is a European movement involving local and regional authorities, voluntarily committing to increasing energy efficiency and use of renewable energy sources on their territories. By their commitment, Covenant signatories aim to meet and exceed the European Union 20% carbon dioxide (CO2) reduction objective by 2020. http://www.covenantofmayors.eu/index_en.html Powering Aberdeen also helps ensure compliance with Public Bodies Duties reporting as part of working towards attainment of the targets within the Climate Change Act 2009, aside from other topic specific statute. |
| Subject | Emissions reduction, fuel security, waste, transport, energy, construction and planning. |
| Period Covered by the PPS | 2015-2030 |
| Frequency of Updates | Powering Aberdeen is a flexible document which should be reviewed continuously. The CoM requires reporting every 2 years – including enhanced SEAP development and submission of a Monitoring Energy and Emissions Inventory (MEEI) which reports progress against the Baseline Energy and Emissions Inventory (BEEI). Annual reporting will be undertaken as part of Powering Aberdeen governance. Interim progress could be reported as part of our Public Bodies Duties reporting, the Carbon Reduction Commitment (CRC) and performance indicators which are undertaken on an annual basis, aside from any other avenues identified within the delivery model and offered by partner organisations |
| Area covered by the PPS | Aberdeen City |
| Purpose and/or objectives of the PPS | Powering Aberdeen covers many subjects including emissions reduction and renewable energy, focusing upon areas/sectors that contribute the most emissions presently. |
| Contact Point | Terri Vogt SEAP Programme Manager Communities, Housing and Infrastructure Planning and Sustainable Development Aberdeen City Council Business Hub 4 Ground Floor North Marischal College Aberdeen, AB10 1AB |

## 2. Strategic Environmental Assessment Process

We have prepared and carried out environmental assessment for Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan as required under the Environmental Assessment (Scotland) Act 2005. The process includes the following activities:

1.  Considering the views of the Scottish Environment Protection Agency, Scottish Natural Heritage and Historic Environment Scotland during the screening process regarding aspects of Powering Aberdeen likely to have significant effects on the environment and whether full SEA was required;

2.  Taking into account the views of the Scottish Environment Protection Agency, Scottish Natural Heritage and Historic Environment Scotland about the scope and level of detail that was appropriate for the environmental report;

3.  Preparing an environmental report on the likely significant effects on the environment of Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan including:-
    *   The baseline data relating to the current state of the environment including the evolution of the environment without Powering Aberdeen as well as identification of areas likely to be significantly affected;
    *   Links between the plan and other relevant policies, plans, programmes and environmental objectives;
    *   Existing environmental problems affecting the plan;
    *   The plan's likely significant effects on the environment (positive and negative);
    *   The mitigation measures envisaged;
    *   An outline of the reasons for selecting the alternatives chosen;
    *   Monitoring measures to ensure that any unforeseen environmental effects will be identified allowing for appropriate remedial action to be taken.

4.  Consulting on the environmental report;

5.  Taking into account the environmental report and the results of consultation in making final decisions regarding Powering Aberdeen;

6.  Committing to monitoring the significant environmental effects of the implementation of the Action Plan to identify any unforeseen adverse significant environmental effects and to taking appropriate remedial action.

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## 3. Effects of the Environmental Considerations on the Action Plan

Table 3.1 summarises how environmental considerations have been integrated into Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan. This includes the measures that were taken to offset adverse effects or enhance positive effects, details of how the cumulative and other indirect effects of the Action Plan have been considered and how these protective objectives were taken into account in Powering Aberdeen.

**Table 3.1: Environmental Considerations**

| SEA Topic | Environmental Considerations | Integrated into the Plan? | How integrated/Taken into Account or Reason for not being Taken into Account |
|---|---|---|---|
| Air and Climatic factors | • The possibility of the release of particulate matter through construction of energy projects and the necessity of curtailing such releases.<br>• The possibility of generating air pollution associated with the implementation processes and the need to minimise air quality impacts of associated energy projects<br>• The relationship between increased burning of fossil fuel and climate change.<br>• This link between climate change and increased risk of flood events. | Yes | • Powering Aberdeen applies air quality policy from the local development plan which ensures that proposed developments which are likely to have negative effects on air quality will not be permitted unless measures to mitigate the impact of air pollutants can be agreed.<br>• Powering Aberdeen recognises and adopts compensation sought for transport and road infrastructure improvements as part of the future local transport strategy's Sustainable Urban Mobility Plan. This will help mitigate any potential traffic impacts arising from vehicular movements arising from actions outlined in Powering Aberdeen.<br>• It also emphasizes a mix of renewable and energy efficiency measures to address climatic impacts. |
| Water | • Potential for any energy installation facilities and ancillary structures to use water thereby necessitating the need for water abstraction or excessive use.<br>• The importance of maintaining and improving water quality and water environment resulting from run off. It also concerns potential release of pollutants into water bodies including the River Dee.<br>• Potential for the development phase of | Yes | • Powering Aberdeen adopts Aberdeen Local Development Plan (ALDP) policies requiring all new developments to install water-saving technologies.<br>• Powering Aberdeen seeks HRA for projects flowing from the Action Plan to address effects of water abstraction if they are likely to have significant effects on River Dee.<br>• Powering Aberdeen adopts ALDP policies concerning SUDs, water efficiency as well as drainage and flood management for every future energy projects. These policies include LDP Policy NE6 Flooding and Drainage, Supplementary Guidance on Flooding and Drainage; Coastal Planning; Sustainable Urban Drainage; |

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| | projects to pollute water bodies and have adverse effects on the water environment and the coast generally. <br> • Potential for excavations for developments to exacerbate short to medium term localised flooding. | | Drainage Impact Assessment as well as Aberdeen Open Space Strategy. |
| Soil | • The need to avoid contamination of land through development and to support developments that promote remediation of existing contaminated land. | Yes | • Powering Aberdeen requires all energy projects affecting potential contaminated land to be subject to a site investigation and remediation as appropriate. Besides Powering Aberdeen will enforce LDP policy regarding restoration, reclamation or remediation of degraded or contaminated land, |
| Biodiversity Flora and Fauna | • The necessity of supporting, promoting and protecting biodiversity of flora and fauna, land and marine environments. <br> • The need to avoid development within the catchment of sensitive sites, and where impacts are anticipated to secure appropriate mitigation and compensatory measures. <br> • The recognition that insulation in places like Froghall, and overcladding at Seaton as well as retrofitting programmes may have the potential to impact on bats which (depending on species) seasonally roost in roof space, lofts and other building cavities. Similar effects are likely to affect protected species like swifts which nest in building cavities. | Yes | • Powering Aberdeen seeks to minimise environmental impacts through avoidance or mitigation. Where impacts are anticipated these are to secure compensatory measures to offset any adverse impact. <br> • It provides a framework for protection and enhancement of the surrounding land and local habitats. It applies green space network policy to developments flowing from it. <br> • It places project level Habitats Regulations Assessment at its forefront. <br> • It seeks early planning and survey for these species to be undertaken. It requires bat surveys to be undertaken at appropriate times of year and planned in advance to avoid breaches in legislation and expensive project delays. |
| Cultural Heritage | • The need to protect and, where appropriate, enhance or restore the historic environment. <br> • The necessity of improving the enjoyment and understanding of the historic | Yes | • The Action plan maintains the LDP protective policies on the historic environment. <br> • The Action plan seeks to protect and enhance existing heritage sites, and places of local importance. <br> • Powering Aberdeen is a collaborative process which will engage |

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| | environment<br>• The need to recognise that developments could have adverse effects on historical features including landscape and their setting.<br>• The potential for energy efficiency actions to have negative effects on the historic environment. For example, energy efficient improvements can be inappropriate for historic or traditional buildings (in particular, undesignated buildings, where alterations would not be subject to listed building consent). | | with all stakeholders including internal officers and Historic Environment Scotland before any improvement is made to any built heritage.<br>• It requires prior consent before developments proceed.<br>• Consistent with the LDP policy, it requires energy development actions to enhance the setting of heritage assets.<br>• It requires the application of Architecture and Placemaking policy in the LDP to all proposals so that all new projects will have due consideration for its setting. |
| • Landscape | • Recognition that developments can have negative effects on and changes to the landscape character, features, their context, patterns of past use, and how they are valued and enjoyed by many people. This is because of their siting, size, and operation conditions,<br>• Potential for energy projects to have visual impacts on the landscape particularly from over-cladding of the high rise buildings in areas such as Seaton<br>• Potential effect of future projects on the landscape and cityscape setting of the city.<br>• | • Yes | • Powering Aberdeen gives regard to landscape and visual impact.<br>• The environmental report of the action plan requires mitigation of landscape impacts through screening of sensitive sites within the landscape where appropriate and adoption a mitigation hierarchy (i.e. prevent, reduce or offset).<br>• The environmental report accompanying the action plan suggests that any proposed development likely to have unacceptable visual intrusion should not be allocated.<br>• Partners seeking to develop a project would be required to obtain landscape advice from the Environment Team before the project goes ahead<br>• The report requires energy projects to improve the visual amenity and landscape character of areas consistent with the LDP policy.<br>• It requires the application of a mitigation hierarchy to deal with future projects. |
| Material Assets | • The potential for significant positive effects arising from implementation of projects.<br>• The need to protect and enhance existing material assets and to be aware that development will put pressure on | Yes | • The action plan promotes reuse of resources, the use of existing LDP allocations,<br>• It promotes sustainable use of waste and access to the natural and built environment<br>• It also considers enhancing material asset by providing reuse and recycling facilities. |

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| | existing infrastructure but also create opportunities for acquisition of assets and improvement of existing access routes/infrastructure.<br>• The potential for energy projects to utilise employment land allocation and community facilities to meet the needs of people in Aberdeen City<br>• The potential to allow for the sustainable use of resources including waste and energy<br>• The potential to promote the provision of safe pedestrian access links and access to natural and built assets | | |
| • Population and Health | • The opportunity of energy projects to alleviate fuel poverty and improve energy efficiency which is likely to have positive effects on the people and diverse population of Aberdeen.<br>• The potential for energy projects to promote economic growth, social inclusion, environmental improvement, health and safety. This can be achieved through a range of employment and tourism opportunities generated through new energy projects. | Yes | • It identifies a wide range of actions and actors including municipal, tertiary, public and local buildings, equipment and facilities.<br>• It also identifies the role of residential buildings, public lighting, industry, transport, electricity, heating and renewables as a range of energy sources to meet the needs of diverse population in the city in efficient ways.<br>• It doing so, it will seek to enhance positive effects of the actions, building on positive effects in other complementing plans like the LDP, LTS, Open Space Strategy and Nature Conservation Strategy |

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## 4. Effects of the Environmental Report on Powering Aberdeen

Table 4.1 summarises how the Environmental Report has been taken into account within Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan in accordance with Section 18 (3) (a-b) of the Environmental Assessment (Scotland) Act 2005. This table describes how the Environmental Report has been taken into account in the Development Framework and what specific changes were made, particularly where significant negative and cumulative effects were identified. It also highlights when the mitigation is to be considered if there is the need for a more detailed assessment at a later stage in the planning process.

**Table 4.1: Environmental Report**

| SEA Topic | Findings from Environmental Report | Integrated into the Plan? | How integrated/Taken into Account or Reason for not being Taken into Account | When should mitigation be considered? |
|---|---|---|---|---|
| Air and Climatic factors | We found that the effects of Powering Aberdeen on the environment are mixed - significantly positive and negative for air and significantly positive for climatic factors.<br><br>In the longer term, improvement of sustainable transport facilities, reduction in single car occupancy, general energy efficiency programme, sustainable waste management, high efficiency standards in construction are likely to lead to future improvement in air quality through time lag. Depending on the timing of individual project developments, there is the possibility that dust nuisance will be generated, with potential cross-boundary effects. Synergistic effects of individual project developments on air quality are unlikely. Although NOx continue to exceed national objectives, these are limited to AQMA in Aberdeen City. Again it is not considered that there will be a significant and indirect air pollution issues for Aberdeen City arising from the deposition of air pollutants on other receptors. | Yes | The Framework should encourage the use of renewable energy sources and energy efficiency measures in buildings.<br><br>The implementation of the strategy should minimise car dependence, air pollution and nuisance.<br><br>**Mitigation measures**<br>• Powering Aberdeen applies air quality policy from the local development plan which ensures that proposed developments which are likely to have negative effects on air quality will not be permitted unless measures to mitigate the impact of air pollutants can be agreed.<br>• Powering Aberdeen recognises and adopts compensation sought for transport and road infrastructure improvements as part of the future local transport strategy's Sustainable Urban Mobility Plan. This will help mitigate any potential traffic impacts arising from vehicular movements arising | When projects are being implemented by partners |

| | | | | | |
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| | Cumulatively Powering Aberdeen will reduce emissions and limit climate change and its effects such as flooding through a time-lag effect. There would be a comparatively small amount of direct emissions released for developments. This would be compensated with the overall long term emissions reduction. Having a low emission society would be very positive for reducing the effects of climate change, both cross boundary and incrementally. Installation of low emission infrastructure would produce short term emissions but this would be outweighed by the long term emission reduction. | | from actions outlined in Powering Aberdeen. <br> • It also emphasizes a mix of renewable and energy efficiency measures to address climatic impacts. | |
| Water | The effects of SEAP on the environment are mixed (+/-) but not significant. The overall objectives of Powering Aberdeen will improve water quality and promote efficient use of water. The various projects could have minor effects in terms of water pollution on the general water environment. | Yes | Powering Aberdeen seeks to minimise water pollution and avoid disturbance to qualifying features of the River Dee. <br> The implementation of the actions plan aims to avoid the risk of flooding <br> Powering Aberdeen seeks to be neutral on water quantity and quality. <br> **Mitigation measures** <br> • Powering Aberdeen adopts Aberdeen Local Development Plan (ALDP) policies requiring all new developments to install water-saving technologies. <br> • Powering Aberdeen seeks HRA for projects flowing from the Action Plan to address effects of water abstraction if they are likely to have significant effects on River Dee. <br> • Powering Aberdeen adopts ALDP policies concerning SUDs, water efficiency as well as drainage and flood management for every future energy projects. These policies include LDP Policy NE6 Flooding and | When projects are being implemented by partners |

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| | | | Drainage, Supplementary Guidance on Flooding and Drainage; Coastal Planning; Sustainable Urban Drainage; Drainage Impact Assessment as well as Aberdeen Open Space Strategy. | |
| Soil | Overall assessment is positive (+).<br>It is observed that individual energy projects could lead to soil compaction, loss, sealing and erosion; but these are thought to be over a short-term period only. Overall Powering Aberdeen would lead to long-term cumulative positive effects on soil by protecting it from the effects of climate change such as through flooding and surface water run-off.<br>There is a potential for a spread of Invasive Non-Native Species (INNS) during construction or when disposing of surplus soil. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• Powering Aberdeen requires all energy projects affecting potential contaminated land to be subject to a site investigation and remediation as appropriate.<br>• Besides Powering Aberdeen will enforce LDP policy regarding restoration, reclamation or remediation of degraded or contaminated land,<br>• Stakeholders undertaking construction projects under Powering Aberdeen should identify the potential for the spread of INNS and carefully remove and treat them. | When projects are being implemented by partners |
| Biodiversity Flora and Fauna | Overall assessment is positive (+).<br>Cumulatively and over a long term time frame Powering Aberdeen would protect biodiversity and habitats from the effects of climate change by improving greenspace, managing resources responsibly, and increasing habitats by planting trees. In order to fulfil Powering Aberdeen's vision some projects may directly affect habitats and species in Aberdeen through their loss, fragmentation or disturbance. The effects identified are not likely to have significant effects. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• Powering Aberdeen seeks to minimise environmental impacts through avoidance or mitigation. Where impacts are anticipated these are to secure compensatory measures to offset any adverse impact.<br>• It provides a framework for protection and enhancement of the surrounding land and local habitats. It applies green space | When projects are being implemented by partners |

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| | | | network policy to developments flowing from it.<br>• It places project level Habitats Regulations Assessment at its forefront.<br>• It seeks early planning and survey for these species to be undertaken. It requires bat surveys to be undertaken at appropriate times of year and planned in advance to avoid breaches in legislation and expensive project delays. | |
| Cultural Heritage | Overall assessment is neutral to negative (0/-) although the effects are not thought to be significant. Essentially, some of Powering Aberdeen's individual projects could have a direct or long term effects on the landscape setting of historic buildings, archaeological sites and conservation sites. However, the majority of Powering Aberdeen's objectives are unlikely to have any significant impact on cultural heritage. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• The Action plan maintains the LDP protective policies on the historic environment.<br>• The Action plan seeks to protect and enhance existing heritage sites, and places of local importance.<br>• Powering Aberdeen is a collaborative process which will engage with all stakeholders including internal officers and Historic Environment Scotland before any improvement is made to any built heritage.<br>• It requires prior consent before developments proceed.<br>• Consistent with the LDP policy, it requires energy development actions to enhance the setting of heritage assets.<br>• It requires the application of Architecture and Placemaking policy in the LDP to all proposals so that all new projects will have due consideration for its setting | When projects are being implemented by partners |

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|---|---|---|---|---|
| Landscape | Overall assessment is neutral to negative (0/-) although the effects are not thought to be significant. Some of Powering Aberdeen's individual projects could have a direct and long term effect on the landscape setting of Aberdeen with potential cross boundary effects. However, the majority of Powering Aberdeen's objectives are unlikely to have any significant impact on cultural heritage. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• Powering Aberdeen gives regard to landscape and visual impact.<br>• The environmental report of the action plan requires mitigation of landscape impacts through screening of sensitive sites within the landscape where appropriate and adoption a mitigation hierarchy.<br>• The environmental report accompanying the action plan suggests that any proposed development likely to have unacceptable visual intrusion should not be allocated.<br>• Partners seeking to develop a project would be required to obtain landscape advice from the Environment Team before the project goes ahead<br>• The report requires energy projects to improve the visual amenity and landscape character of areas consistent with the LDP policy.<br>• It requires the application of a mitigation hierarchy to deal with future projects. | When projects are being implemented by partners |
| Material Assets | Overall assessment is positive (+).<br>The promotion of an increased share of alternative technologies is likely to provide the scope for creation of long term fixed assets. The use of natural and material assets, promoting waste minimisation, recycling and composting is encouraged. In that sense it is not envisaged that there will be any adverse cumulative effects. Powering Aberdeen is likely to have significant positive effect overall. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• The action plan promotes reuse of resources, the use of existing LDP allocations,<br>• It promotes sustainable use of waste and access to the natural and built | When projects are being implemented by partners |

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| | | | | • It also considers enhancing material asset by providing reuse and recycling facilities. | |
| Population and Health | Overall assessment is positive (+). The promotion of an increased share of alternative technologies is likely to provide the scope for increasing long term employment through job creation and market diversification. The use of natural and material assets, promoting waste minimisation, recycling and composting is encouraged. In that sense it is not envisaged that there will be any adverse cumulative effects. Powering Aberdeen is likely to have positive effects overall. Powering Aberdeen's joined up thinking and impetus to improve global climatic conditions will have a positive impact on human health through a long term improvement in air quality, improved weather conditions. Besides, Powering Aberdeen's overall aim to reduce emissions and generate energy more sustainably would protect biodiversity, habitats and greenspaces from the effects of climate change by managing resources responsibly. Moreover, by increasing habitats through planting trees, and creation of more usable open/green spaces will enable people to carry out healthy sporting activities. There is an overall significant positive effect from emissions reduction. | Yes | Mitigation measures are provided on precautionary basis only<br><br>**Mitigation measures**<br>• It identifies a wide range of actions and actors including municipal, tertiary, public and local buildings, equipment and facilities.<br>• It also identifies the role of residential buildings, public lighting, industry, transport, electricity, heating and renewables as a range of energy sources to meet the needs of diverse population in the city in efficient ways.<br>• It doing so, it will seek to enhance positive effects of the actions, building on positive effects in other complementing plans like the LDP, LTS, Open Space Strategy and Nature Conservation Strategy | When projects are being implemented by partners |

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## 5. Taking Consultation Opinions into Account

As required by Section 18 (3) (c) and (d) of the Environmental Assessment (Scotland) Act 2005, the opinion expressed during the consultation were given due consideration. Table 5.1 summarises how opinions expressed during the consultation have been taken into account.

**Table 5.1: Analysis of Comments**

| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| Scottish Environmental Protection Agency (SEPA) | It is helpful to see how the outcomes of the scoping exercise have been taken on board. | Noted | None |
| Scottish Environmental Protection Agency (SEPA) | We consider that the Environmental Report adequately and accurately addresses our interests in terms of the alternatives assessed, impacts identified and mitigation and monitoring proposed | Noted | None |
| Scottish Environmental Protection Agency (SEPA) | We note that Powering Aberdeen is both a high level strategic document with overall targets as well as detailed project proposals and this provides difficulties in preparing the Environmental Report but we consider that these have been well managed | Noted | None |
| Scottish Environmental Protection Agency (SEPA) | We also note that some site specific proposals relevant to our interests, including those relating to waste, have already been subject to SEA. However this has also been addressed in this Environmental Report. | Noted | None |
| Scottish Environmental Protection Agency (SEPA) | We note that information on the state of the environment in Aberdeen is constantly updating, including in particular in relation to flood risk (and the event in December 2015). However, we do not consider that this impacts on the assessments in the Environmental Report at this time. | Noted | None |
| Scottish Environmental Protection Agency (SEPA) | Updated information can be provided if requested and the Flood Risk Management Plans are shortly to be published. | Noted | None |
| Scottish Environmental Protection Agency | As the Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan (SEAP) is finalised, Aberdeen City Council as Responsible Authority, will be required to take account of the findings of the Environmental Report and | Noted | We will take the necessary action See SEA Statement |

| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| (SEPA) | of views expressed upon it during this consultation period. As soon as reasonably practical after the adoption of the plan, the Responsible Authority should publish a statement setting out how this has occurred. We normally expect this to be in the form of an "SEA Statement" similar to that advocated in the <u>Scottish Government SEA Guidance.</u> A copy of the SEA statement should be sent to the Consultation Authorities via the Scottish Government SEA Gateway on publication. | | Attached |
| Historic Environment Scotland | **Part 1: Content of Plan**<br>We have no comments to offer on the content of the Plan itself. | Noted | None |
| Historic Environment Scotland | **Part 2: Environmental Report**<br>I found that the ER sets out clearly the scope and findings of this assessment, and I am broadly content that the assessment findings are appropriate in relation to potential effects on the historic environment, subject to the following detailed comments: | Noted | None |
| Historic Environment Scotland | *6.1 Framework for assessing environmental effects* – it would have been helpful if, at the beginning of this section, you had included a key to the scoring symbology, to clarify the distinction between significant and non significant effects. | Text in Section 6.1 has now included key on symbols used. | See Section 6.1 |
| Historic Environment Scotland | For information, the scoring and commentary in relation to cultural heritage findings are inconsistent related to cultural heritage on pages 63 and 89. However, we are satisfied that in neither case, significant effects are unlikely. You could also have considered the potential for the energy efficiency theme to cause negative effects by encouraging energy efficiency improvements which are inappropriate for historic or traditional buildings (in particular, undesignated buildings, where alterations would not be subject to listed building consent.) | Option 3 and Energy Efficiency Objective has been reassessed to bring consistency in the assessments. | See Table 6.3 and Table 6.7 |
| Historic Environment Scotland | *Monitoring:* I am content with the proposed monitoring indicators for cultural heritage. However, you have proposed that the monitoring data will be supplied by HES, however, your authority's development management/building standards team is more likely to be the appropriate source of data for these indicators. | Noted | Amended |

| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| Scottish Natural Heritage (SNH) | There appear to be some errors in Table numbering. For example, there is a Table 6.4 on page 65 and a different Table 6.4 on page 109. On page 118, the comment against Soil, appears to have been cut and pasted against water on page 119. You will need to read through the report and ensure all these minor errors have been corrected in the final version. | Table numbers changed and errors corrected, | See Table 6.11 and Table 6.12 |
| Scottish Natural Heritage (SNH) | Page 35 – Table 5.1 – the heading between lines 41 and 42 should read Nature Conservation. | Amended | See Table 5.1 |
| Scottish Natural Heritage (SNH) | Page 38 – Table 5.2 – I think some of the possible changes you identify to biodiversity without Powering Aberdeen are too extreme. Even without Powering Aberdeen, Local and Strategic Development Plan policies, the Council's own Biodiversity Duty and other plans and strategies should prevent things like habitat fragmentation or the loss of greenspace. I think it more likely that without Powering Aberdeen, opportunities would be lost to develop and demonstrate better practice in how projects delivering the more sustainable use of energy can also contribute to wider benefits, such as biodiversity, greener and more active travel etc. | Amended | See Table 5.2 |
| Scottish Natural Heritage (SNH) | Page 40 – Table 5.3 – I would suggest that rather than having as the implications - *Protect biodiversity through minimising the impact on protected and non - protected designations* – you put - *Powering Aberdeen will promote the well-established principles of good practice, good design and good planning which can avoid these problems arising in the construction and operation of developments*. This should also be included in the Repowering Aberdeen Strategy itself. | Noted | See Table 5.2 |
| Scottish Natural Heritage (SNH) | Page 40 – Table 5.3 – Invasive Non-Native Species (INNS), especially plants like Japanese Knotweed, Giant Hogweed and Himalayan Balsam, are growing problems where soil is moved or disposed from development sites, not least because of the impact they have on biodiversity. You may wish to add an environmental problem against soil of: *Spreading Invasive Non-Native Species (INNS) during construction or when disposing of surplus soil.* | Problem added | See Table 5.3 |
| Scottish Natural Heritage (SNH) | Page 40 – table 5.3 – Against Water, the key to minimising impacts on the River Dee SAC (and indeed most environmental impacts) is good, early | Problem added | See Table 5.3 |

| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| | planning with environmental advice taken at that early stage rather than once the design/plan for the development is almost completed. It might be worth considering the addition of a sentence in Table 4.2 (Aims), possibly, against the policy change and integration objective along the following lines: *The promotion of good planning and design of individual projects at the earliest stages will ensure reduced environmental impacts and minimised delays/costs often associated with the late consideration in project development of environmental impacts*. This should also be included in the Repowering Aberdeen Strategy itself. | | |
| Scottish Natural Heritage (SNH) | Page 44 – Table 6.1 – Biodiversity. Again, I think it is worth emphasising (as in point 3 above) that Powering Aberdeen will be a means of promoting best practice in designing, constructing and operating projects which will substantially reduce the risk of negative impacts by addressing them early in the project planning process. | Problem added | See Table 5.3 |
| Scottish Natural Heritage (SNH) | Page 46 – Table 6.1 – Soil. Same comments as in point 4 above. | Problem added | See Table 5.3 |
| Scottish Natural Heritage (SNH) | Page 58 – Table 6.3 – Biodiversity. Once again I think it is worth emphasising (as in points 3 & 6 above) that Powering Aberdeen will be a means of promoting best practice in designing, constructing and operating projects. Such an approach to developing projects will substantially reduce the risk of negative impacts by addressing them early in the project planning process. It is always cheaper and easier to avoid a problem in the first place, rather than trying to sort it out once the project is well underway or even completed. This should also be included in the Repowering Aberdeen Strategy itself. | Added | See Table 6.3 |
| Scottish Natural Heritage (SNH) | Page 65 – Table 6.4. – Biodiversity. See points 3, 6 & 8. And the same point applies to tables 6.5, 6.6, 6.7, 6.8, 6.9 and 6.10 in relation to biodiversity. | Added | See Tables 6.5-6.10 |
| Scottish Natural Heritage (SNH) | Page 109 – Table 6.4. There is already a Table 6.4 on page 65. This affects the numbering of subsequent tables. | Numbering amended | See Table 6.11 and Table 6.12 |

| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| Scottish Natural Heritage (SNH) | Page 116 – Table 6.5. Depending on the details of the procedures and techniques involved - insulation in Froghall, overcladding at Seaton and the National Retrofit Programme may have the potential to impact on bats which (depending on species) will seasonally roost in roof space, lofts and other building cavities. All bats are European Protected Species and suitably qualified survey of these buildings may be necessary. Bat surveys can only be carried out at certain times of year and will need to be considered and planned in advance to avoid breaches in legislation and expensive project delays. More detailed advice can be found on the SNH website http://www.snh.gov.uk/protecting-scotlands-nature/species-licensing/mammal-licensing/bats-and-licensing/ Other protected species like swifts can also nest in building cavities. I would recommend that you seek advice on this general topic from your Council's own Environment Team. | Report amended to reflect the comments | See Table 6.12, Table 7.1 and Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 119/120. Again it depends on the detail of the proposals, but the overcladding of the high rise buildings in Seaton could potentially have visual impacts. Your Council's own landscape advisor could advise you on this. | Report amended to reflect the comments | See Table 6.12, Table 7.1 and Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 122 – Table 6.6. While land take, especially of semi-natural habitats and green/open space, is a potential risk to biodiversity, other factors such as modifications to buildings that bats, birds or other fauna may utilise for nesting and roosting also needs to be considered. The likelihood of effects or risks will depend on the detail of the project. Again, I would recommend you seek the advice of the Council's own Environment Team. | Report amended to reflect the comments | See Table 6.13, Table 7.1 and Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 135 – Table 7.1 – Biodiversity. Under the "Plan Impact" column. You should add a bullet point stating that protected species, especially European Protected Species such as bats and some birds will use spaces in and on some buildings. Under mitigation measures, you could add that early planning and survey for these may be necessary. | Report amended to reflect the comments | See Table 7.1 and Table 8.1 |

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| Body/Person making comment | Comment | Response | Resulting change |
|---|---|---|---|
| Scottish Natural Heritage (SNH) | Page 136 – Table 7.1 – Soil. You may want to mention the risks and mitigation required for INNS – see my point 4 above. | Report amended to reflect the comments | See Table 7.1 and Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 140 – 8.1 – Monitoring Plan. I think it is worth including in the introductory paragraph a statement to the effect that as best practice in the design and planning of projects will be promoted by the Council; the likelihood of remedial action being required should be much reduced. It may be that if remedial action is required, the changes may include the way in which further/future projects are assessed and approved. This should also be included in the Repowering Aberdeen Strategy itself. | Report amended to reflect the comments | See Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 141 – habitat fragmentation. The Council's own Environment Team should be the first source of advice on what remedial actions could be taken. | Report amended to reflect the comments | See Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 142 – Water. Advice on pollution would come from SEPA. | Report amended to reflect the comments | See Table 8.1 |
| Scottish Natural Heritage (SNH) | Page 154 – Appendix 9.1 Nature Conservation. Insert the Wildlife and Natural Environment (Scotland) Act 2011 between lines 43 and 44. http://www.legislation.gov.uk/asp/2011/6/contents/enacted This updates the 2004 Act and mentions things like the reporting responsibility Local Authorities have to report progress against their biodiversity duty. | Report amended to reflect the comments | See Table 5.1 and Appendix 9.1 and Table |

## 6. Reasons for Adopting Powering Aberdeen: Aberdeen's SEAP

Consistent with Section 18(3)(e), this Action Plan considered the following reasonable options under Section 4.1 of the Environmental Report:

| Option | Description of Option |
|---|---|
| Option 1 – Do Nothing | The City stakeholders do nothing but carry on business as usual. |
| Option 2 – Do minimum | The City stakeholders implement their individual plans and strategies to drive emission reduction and alternative forms of energy which do not go far enough in reducing emissions. |
| Option 3 – Do optimum (Preferred) | The City stakeholders work in partnership across all sectors to develop an action plan that tackles emissions and energy issues across the whole city. |

Option 3 is adopted in the light of the other two alternatives discussed for the following reasons:

- The results of the environmental assessment indicate that not only does the preferred option have the least adverse effect on the environment; it is also likely to have significant positive effects on the environment compared with the other two options.

- The preferred option is consistent with other relevant international, national, regional and local plans and programmes as well as environmental protective objectives listed in Section 5.1 of the environmental report

- Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan outlines a vision for the sustainable energy action while will go a long way to alleviate the potential negative indirect impacts of climate change.

- Powering Aberdeen considers how to maximise the opportunities presented by collaborative development of sustainable energy action plan to promote environmental improvements.

- It also allows for amendment to be made to the action plan by promoting best practice in the planning, design and implementation of projects so that the likelihood of remedial action being required is much reduced.

- Where there are negative effects, they are more likely to be minimised and mitigated as a result of Powering Aberdeen. Besides the identification of future monitoring plan ensures that the city becomes a more sustainable place to live and work in.

## 7. Monitoring Measures

Aberdeen City Council is required under to Section 18(3)(f) of the Environmental Assessment (Scotland) Act 2005 to monitor the significant environmental effects when the plan is implemented.

A monitoring report in Table 7.1 below will form the basis of constant monitoring of significant effects.

**Table 7.1: Monitoring Plan**

| Effects | What sort of information is required? (Indicators) | Where will information be obtained from? | Are there gaps in the existing information and how can it be resolved? | When should the remedial action be considered? | Who is responsible for undertaking the monitoring? | How should the results be presented? | What remedial actions could be taken? |
|---|---|---|---|---|---|---|---|
| Biodiversity | Impact on the qualifying features of the River Dee SAC | Dee catchment management plan | | When Powering Aberdeen is being developed and when the projects are well defined in terms of how, what, where and when. Remedial action to be considered if water quality is likely to deteriorate or as a resource is likely to be under pressure. | Aberdeen City Council Environment Team, SNH, SEPA, Dee Catchment Partnership, North East Scotland Biodiversity Partnership | As and when necessary | A review of the project proposed under Powering Aberdeen. |
| | Disturbance to dolphins and grey seals | HRA, SNH and JNCC | | If SNH draws the authorities attention to it. | Powering Aberdeen governance, Aberdeen City Council and SNH | As and when necessary | A review of the project proposed under Powering Aberdeen, with advice from relevant parties. |
| | Disturbance of bats and swifts during insulation and over-cladding | SNH website http://www.snh.gov.uk/ protecting-scotlands-nature/species-licensing/mammal-licensing/bats-and-licensing | Until surveys are done | Before insulation and over-cladding commences | Stakeholders | In SEAP reviews | A review of insulation and over-cladding activities with advice from Environment Team and SNH |

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| Effects | What sort of information is required? (Indicators) | Where will information be obtained from? | Are there gaps in the existing information and how can it be resolved? | When should the remedial action be considered? | Who is responsible for undertaking the monitoring? | How should the results be presented? | What remedial actions could be taken? |
|---|---|---|---|---|---|---|---|
| | Water abstraction | Scottish Water | | When abstraction rate approaches licensed capacity by the time the projects under Powering Aberdeen are to be delivered. | Scottish Water | As and when necessary | A review of the project proposed under Powering Aberdeen with advice from Scottish Water and SEPA. |
| | Habitat fragmentation | Open Space Strategy, Nature Conservation Strategy, LBAP, and Greenspace Network reviews | | When the Local Nature Conservation Strategy implementation team suggests that negative impact on habitats and species are likely if the proposed projects under Powering Aberdeen go ahead. | Powering Aberdeen governance, Aberdeen City Council Environment Team, | Open Space Strategy Annual Monitoring | A review of the project proposed under Powering Aberdeen with advice from Environment Team |
| Air | Nitrogen dioxide emissions  Air quality (PM10) | Aberdeen City Council Local Air Quality Management: Progress Reports. Low Emissions Strategy. Local Transport Strategy. | Yes. Project detail and implementatio n. | When projects under Powering Aberdeen are being implemented and when Air Quality monitoring in the City shows a worsening picture for PM10 and Nitrogen Dioxide. | Powering Aberdeen governance working with Environmental Health | As part of the Air Quality Action Plan or As and when is necessary | A review of the project proposed under Powering Aberdeen with advice from Environmental Health. |

| Effects | What sort of information is required? (Indicators) | Where will information be obtained from? | Are there gaps in the existing information and how can it be resolved? | When should the remedial action be considered? | Who is responsible for undertaking the monitoring? | How should the results be presented? | What remedial actions could be taken? |
|---|---|---|---|---|---|---|---|
| Water | Impact on water quality of River Dee SAC Water abstraction

Impact of development on water pollution

Physical impact of development on water bodies and the coast | Dee catchment management plan

SNH on the impact on the qualifying interests of the River Dee SAC | Yes. Project detail and implementatio n. | When projects under Powering Aberdeen are being implemented.

When data from SEPA and SNH indicate potential pollution in the Dee.

When data indicates that there has been an increase in flood incidents action should be taken. | Powering Aberdeen governance working with relevant and statutory agencies. | As and when necessary | A review of the project proposed under Powering Aberdeen with advice from SEPA. |
| Landscape | Impact of development on visually prominent areas

Development adversely affecting the landscape and townscape character and setting.

Visual impact from over-cladding | Landscape appraisal

Public complaints

Landscape Impact Assessment | Yes. Project detail and implementatio n.

Until site is surveyed | When projects under Powering Aberdeen are being implemented and when landscape appraisal from developments in the City indicate a pressure on landscape and townscape setting.

When there is a large amount of opposition to development.

Before development takes place | Powering Aberdeen governance working with Development Management and developers. | As and when necessary | A review the project proposed under Powering Aberdeen with advice from planning. |

| Effects | What sort of information is required? (Indicators) | Where will information be obtained from? | Are there gaps in the existing information and how can it be resolved? | When should the remedial action be considered? | Who is responsible for undertaking the monitoring? | How should the results be presented? | What remedial actions could be taken? |
|---|---|---|---|---|---|---|---|
| Cultural Heritage | Adverse effects on the historical features and their setting<br><br>Potential significant positive effects derived from reusing traditional buildings and adapting heritage assets | Historic Environmental Scotland | Yes. Project detail and implementation. | When projects under Powering Aberdeen are being implemented and when landscape appraisal from developments in the City indicate a pressure on landscape and townscape setting.<br><br>When there is a large amount of opposition to development. | Powering Aberdeen governance working with Development Management, developers, and Building Standards | As and when necessary | A review of the project proposed under Powering Aberdeen, with advice from Building Standards, Development Management and HES. |
| Population & Human health | Enhancing positive effects | Powering Aberdeen Document, Local Transport Strategy, Local Housing Strategy, Local Development Plan | Yes. Project detail and implementation. | When projects under Powering Aberdeen are initiated and when it is being implemented and when development commences | Powering Aberdeen governance working with relevant stakeholders | As and when necessary | A review of the project proposed under Powering Aberdeen, with advice from relevant stakeholders. |

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| Effects | What sort of information is required? (Indicators) | Where will information be obtained from? | Are there gaps in the existing information and how can it be resolved? | When should the remedial action be considered? | Who is responsible for undertaking the monitoring? | How should the results be presented? | What remedial actions could be taken? |
|---|---|---|---|---|---|---|---|
| Material Assets | Enhancing positive effects | Powering Aberdeen Document | Yes. Project detail and implementation. | When projects under Powering Aberdeen are being implemented and when development commences. | Powering Aberdeen governance working with Development Management and developers. | As and when necessary | A review of the project proposed under Powering Aberdeen, with advice from planning. |
| Soil | Potential spread of Invasive Non-Native Species (INNS) during construction or when disposing of surplus soil. | Site surveys | Yes, not yet considered in any document | When projects under Powering Aberdeen are being implemented and when development commences. | Powering Aberdeen governance working with Development Management and developers. | As and when necessary | A review of the project proposed under Powering Aberdeen, with advice from planning. |

## 8. Conclusion

It is our view that this SEA has had a positive effect on the development of Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan. The SEA process has identified the key environmental issues, constraints and trends, as well as the likely significant effects on the environment. These are the effects that were not anticipated at the start of the planning process.  The process has, therefore, enabled appropriate mitigation measures to be set against such effects, and incorporated into the Action Plan. With the incorporation of mitigation measures and alongside ongoing monitoring of the significant effects identified, it is considered that the proposals included in Powering Aberdeen: Aberdeen's Sustainable Energy Action Plan are in line with sound environmental principles. The mitigation measures incorporated in the assessment of the Action Plan identified measures that will prevent, reduce or offset any significant adverse effects on the environment when implementing the Action Plan.  Overall the environmental assessment has helped to guide our preference for options on how we drive sustainable energy policies, plans, programmes, strategies and projects.

| COMMITTEE | Full Council |
|---|---|
| DATE | 06.10.2016 |
| DIRECTOR | Judith Proctor |
| TITLE OF REPORT | The Publication of the Report of the Joint Inspection of Health and Social Work services for Older People. |
| REPORT NUMBER | HSC/16/001 |
| CHECKLIST COMPLETED | No |

1.      PURPOSE OF REPORT

To inform Council about the recent joint inspection of health and social work services for Older People, undertaken by the Care Inspectorate and Health improvement Scotland between November 2015 and February 2016. The report was published on the 20th of September 2016 and an action plan in response to recommendations is being developed. The report is provided at **Appendix 1.**

2.      RECOMMENDATION(S)

Members are asked to:

2.1     Note that the report following the Joint Inspection of Older People's Services has been published; and

2.2     Agree that the Integration Joint Board oversees the delivery of the action plan that is in development.

3.      FINANCIAL IMPLICATIONS

There are no financial implications.

4.      OTHER IMPLICATIONS

There are no other implications.

5.      BACKGROUND/MAIN ISSUES.

The Care Inspectorate and Healthcare Improvement Scotland published their joint inspection report into health and social work services for older people in Aberdeen on the 20th of September 2016.

The report recognises that Aberdeen City Health & Social Care Partnership is performing well in many areas. There are 8 recommendations for improvement. Aberdeen Health and Social Care Partnership has established a Programme Board to oversee the action plan to meet the recommendations outlined in the report. The recommendations are appended at **Appendix 2** to this report. An action plan relating to these will be finalised however it will interest members to know that, given the timescale since the inspection was completed and the IJB going live, 4 of the 8 actions have either been completed, or are near completion.

Given the joint nature of actions required and the formal delegation of these services to the Integration Joint Board (IJB), it is recommended that the IJB and its Clinical and Care Governance Committee, oversee the implementation of the final action plan.

6. IMPACT

**Improving Customer Experience –**

We will use the outcome of the inspection to inform the improvement of customer experience and these actions will be included in the Partnership action plan to enable us to do this.

**Improving Staff Experience –**

The Partnership action plan will include the actions that will support maintaining and improving staff experience during the integration and transformation programme.

**Improving our use of Resources –**

The Inspection report and resultant action plan will help support the ongoing integration of health and social care services.

**Corporate –**

We will ensure that the required actions addressing the recommendations from the report are cognisant with the Partnership's strategic plan.

**Public –**

The public has access to the published report via the Care Inspectorate's website and will be kept informed and consulted on further integration and transformation of Health and Social Work services.

7. MANAGEMENT OF RISK

2

There is a potential risk of non-delivery of actions set out in the action plan and a further inspection or inspection processes resulting. This risk will be mitigated by the oversight of the IJB, Clinical and Care Governance Committee, an Inspection Project Board and a risk register relating to the action plan.


8. BACKGROUND PAPERS.

Care Inspectorate & Health Improvement Scotland. "Services for older people in Aberdeen City: Report of a joint inspection of adult health and social care services."

9. REPORT AUTHOR DETAILS

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# Services for older people in Aberdeen City

September 2016

Report of a joint inspection of adult health and social care services

HAPPY TO TRANSLATE

**Services for older people in Aberdeen City**
September 2016
Report of a joint inspection of adult health and social care services

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## Aberdeen City Health and Social Care Partnership

## Summary of our joint inspection findings

## Background

Between November 2015 and February 2016, the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services[1] for older people in Aberdeen City.

The inspection took place at a time of considerable reform of health and social care services and the establishment of the Aberdeen City Health and Social Care Partnership (hereafter referred to as 'the partnership'). At the time of our inspection, NHS Grampian and Aberdeen City Council were working hard to put in place the operational and governance arrangements needed to establish the Integration Joint Board (IJB).[2] These new arrangements needed to be in place by 1 April 2016.

Despite this being a time of transition, we saw some evidence that partners were on target to have a strategic plan and budgets in place as required in the legislation, and were committed to improving and integrating services across Aberdeen City. Many of the changes introduced as part of the integration agenda were at too early a stage to show impact, although they provide the building blocks to help address the areas for improvement set out within this report.

Throughout our inspection, we have taken into account the early stage of the reforms, and recognised the early progress made within Aberdeen to better integrate health and care services. We hope that this report is a useful contribution to the IJB, NHS board and council, as they continue to improve the support available for older people living in Aberdeen City.

The purpose of the joint inspection was to assess whether the health and social work services improved outcomes for older people and their carers[3].

We wanted to find out if health and social work services worked together effectively to:

- make sure people receive the right care at the right time in the right setting

- deliver high quality services to older people, and

- support older people to be as independent, safe and healthy as possible and have a good sense of wellbeing.

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1 S48 of the Public Services Reform (S) Act 2010 defines social work services as —(a) services which are provided by a local authority in the exercise of any of its social work services functions, or (b) services which are provided by another person pursuant to arrangements made by a local authority in the exercise of its social work services functions; 'social work services functions' means functions under the enactments specified in schedule 13.
2 The Integration Joint Board is responsible for the planning of integrated arrangements and service delivery of functions delegated to the IJB from NHS Grampian and Aberdeen City Council.
3 In this report when we refer to carers this means unpaid carers

Our joint inspection involved meeting over 100 older people and their carers, and around 300 staff from health and social work services, the third and independent sectors. We read a sample of older people's health and social work services records. We also studied a number of documents provided by the partnership about the health and social work services for older people and their carers in Aberdeen City. We are grateful for the time and effort provided by the older people, their carers and staff who met with us during the inspection.

## Aberdeen City context

Situated in North East Scotland, Aberdeen City covers an area of 186 square kilometres, is the third largest city and one of the most densely populated authorities in Scotland. There are a number of distinct features of the local area, each of which have impacted on the needs of the population and the services provided. These include:

- an increasing population, with the proportion of people aged under 16 rising more quickly than in many parts of Scotland

- a history of a very strong local economy, due to the oil and gas industry, which has been significantly affected by the downturn in the sector

- areas of significant deprivation across the city, and

- difficulties with the recruitment of suitable staff to deliver some health and social care services.

The population in 2015 was 230,350, an increase of 0.6% from 2014. Of this, 7.9% is aged 65–74 and 7.1% is aged over 75. Since 2000, the population in Aberdeen City has risen by 7.5% – more than the average rise of 5.1% for Scotland. The number of people aged under 16 is forecast to rise at a higher rate than the rest of Scotland over the next decade.

Aberdeen City is a city with a traditionally strong economy with unemployment and benefits dependency well below the national average. Employment has been higher than the Scottish average at 77.2% with 9% employed within caring, leisure and other services. However, the downturn in the oil and gas sector had affected this. The fall in global commodity prices, reduction in investment and reduced operating expenditure in the oil and gas industry had an effect on reducing employment and the wider supply chain. Job seekers allowance data over the year to November 2015 indicated there was an increase in people claiming job seekers allowance.

There are many prosperous areas within Aberdeen City; however, there are also areas of significant deprivation within the city. The Scottish Index of Multiple Deprivation (SIMD) report of 2012 showed that 8% of the population were living in one of the 15% most deprived areas of Scotland. Twenty-two of the 976 most deprived datazones in Scotland were in Aberdeen City this was a reduction from 28 in 2009. The most deprived datazone in Aberdeen City in the 2012 SIMD data was in the intermediate zone of Torry East, (ranked 22), and was amongst the 5% most deprived areas in Scotland.

In terms of health, 48 (4.9%) of the 976 datazones in the 15% most deprived areas were in Aberdeen, a rise from 44 in 2009. The most health-deprived area was Heathryfold and Middlefield, (ranked 61), making it amongst the 5% most deprived areas in Scotland.

Increased demand and reducing resources has led to a number of challenges for the council and NHS Grampian delivering health and care services to meet local needs. The health and care partnership in Aberdeen is responsible for significant resources. At the time of the inspection:

- the council had a budget of around £456 million for its running costs and received the eighth largest level of general government grants in Scotland

- NHS Grampian was the fourth largest health board in Scotland with a revenue budget of around £1,080 million, and

- the partnership had an indicative delegated budget for running costs of around £250 million.

An arms-length external organisation, Bon Accord Care (BAC) had been set up from which the majority services for older people were commissioned. This included care homes, care at home and day support (total spend around £34 million per year).

There had been significant change in senior management posts. The chief executives of Aberdeen City Council and NHS Grampian as well as the chief officer for the partnership had all been in post for less than two years. Whilst healthcare service managers had been in post for a number of years, the majority of the service managers from social work were in temporary posts with most new to their role.

We inspected the partnership at a critical time in the implementation of health and social care integration. The partnership was engaged in a high level of activity to finalise structures, strategies and planning that had not concluded while the inspection team was on site.

## Summary

### Key performance outcomes

There were several approaches taken by the partnership that resulted in significantly fewer older people being admitted to hospital on an emergency basis, compared to the Scottish average.  One such approach was anticipatory care planning.  Significant progress had been made in developing an anticipatory care approach and the preparation of anticipatory care plans for older people who otherwise had a high risk of emergency hospital admission.

Although there were some recent signs of improved performance, too many older people still experienced a delay in their discharge from hospital.  Care at home provision, an important factor contributing to delayed discharges, was a significant challenge for the partnership.  The partnership's commissioned care at home provision did not have sufficient staffing capacity to meet the growing demand from older people.  Some older people and their carers struggled to cope while they waited for a care at home service.

The partnership was beginning to strengthen its approach to self-directed support for older people.  It was also reviewing its approach to reablement.  The partnership acknowledged that these were key areas for further improvement.

### Getting help at the right time

The partnership's approach to the design and delivery of care for older people had a clear focus on maintaining their independence, good health and wellbeing.  There was a strong message from the partnership that educating and supporting communities as partners in managing health and care needs was important in order to improve wellbeing and reduce the impact of ill health.  There was a clear plan for supporting and encouraging healthy ageing throughout the city.  Some innovative and effective initiatives included the 'wellbeing' team and the 'Silver City' project.

Once in receipt of services, older people and their carers we met were, in the main, satisfied with the quality of the support and care they received.  Older people and carers greatly appreciated and praised the post diagnostic support offered following diagnosis of dementia.  However, access to this service was sometimes delayed.

Carers reported that they would like easier access to respite care and day services to support them and the person they cared for.  Supporting carers by offering and completing a carers' assessment and providing timely support were areas identified for improvement.  However, there was clear evidence that when carers were supported in this way it had led to improved outcomes for them.

### Impact on staff

Almost all the staff we met enjoyed their work and most said that they felt valued, recognised, and supported by managers and other professionals.  There was good access to professional development.  Staff were generally well motivated.  Although approaches to improvement were underway, increased workloads, vacancies, absence and cumbersome

assessment paperwork were having a negative effect on staff morale in some services. Frontline staff were involved in improvement activity to reshape assessment materials.

A more cohesive approach to planning and delivering services was beginning to be achieved through multi-agency working. Despite some of the challenges caused by staff shortages and increased demands on time, staff remained committed to ensuring they delivered high standards of person-centred care for older people and their carers.

The partnership had a number of effective approaches to communication in order to keep staff updated. There was evidence that staff had been able to influence future service design through consultation events. Most staff had attended briefing events and said they felt well informed about integration. However, some staff reported differing views about the effectiveness of these approaches and expressed some concerns about how integration might affect jobs and services. Generally, staff expressed enthusiasm about what integration could offer to improve outcomes for older people. Senior managers recognised that continued dialogue with staff was needed to enable frontline staff feel more engaged.

### Impact on the community

The partnership was strongly committed to engaging with and involving local communities in planning how to meet the health and social care needs of the older population.

A range of effective engagement opportunities was in place to support communication with local stakeholders and communities to contribute to discussions about the needs of their communities. A number of locality planning events were taking place, which aimed to increase local ownership. This approach towards collaborative working was at an early stage.

The partnership's strong commitment to promoting healthy active ageing was evident. Working with organisations across the whole care sector, opportunities to support healthy lifestyles, reduce isolation and support carers were being taken forward. These had resulted in access to a wide range of creative opportunities and activities being developed. Individuals and groups we met spoke very positively about these developments.

An excellent example of an innovative approach was the Golden Games, Aberdeen's annual festival for activity, which won the Healthier Lifestyle Award in 2015 in recognition of invaluable contribution to Scottish healthcare.

Overall, there had been significant mobilisation of community capacity to effectively support older people and their carers.

### Delivery of key processes

Both health and social work services had centralised referral processes. Although this made initial contact easier, it did not always mean services were provided in an appropriate time frame. There was also a range of service specific criteria that led to multiple pathways into services. Older people and their carers found this confusing. Nearly a quarter of older people were on a waiting list for services and some service provision had been delayed in excess of six months. The partnership was actively

progressing a range of initiatives to support improved access to services including access to out of hours support.  It was too early to measure the impact of these developments.

There was clear evidence that investment had been made in relation to anticipatory care planning and we found this approach was achieving better outcomes for some older people.

Many older people told us that they felt they had been involved in discussions about their assessed needs, though some said choices were limited.  This was not helped by the slow implementation of self-directed support for older people.

A significant concern was in respect of adult support and protection referrals.  Although initial screening was undertaken in an appropriate time frame, critical tasks such as initial enquiries and full investigations were not, in some cases.  Such delays potentially left a few older people at significant risk of harm over a protracted period.

### Policy development and plans to support improvement in service

A number of key strategies were in the process of being finalised.  These strategies had been developed to support the effective delivery of services to older people. Most were on target to be in place for the official start date for the partnership.

The partnership's joint strategic plan had been subject to wide consultation.  This plan set the high-level direction for future planning and delivery of services.  To support its strategy, the partnership needed to develop a 'market facilitation' strategy.  This was yet to be started.

The partnership had an agreed locality structure and was in the process of developing the supporting management arrangements.  Learning from a development site in the south side of the city was being used to progress locality planning across the city but was at a very early stage.  Stakeholder engagement including involving older people and their carers was being incorporated into locality planning.

The partnership's development of preventative services was limited.  Current service contracts were based providing services on assessment of critical and substantial need and on a time and task allocation.  This task-based approach did not support the development of prevention and earlier intervention.

Managers needed support to present and analyse data.  Some performance management systems were in place although as part of the development of the IJB, these systems were not yet streamlined to inform joint performance measurement activities.

## Management and support of staff

Overall, we found that staff were working effectively together to deliver good outcomes for older people and carers. However, there were significant recruitment issues for some staff groups that were affecting the capacity and capability of services to focus on prevention, earlier intervention and reablement.

Although staff universally reported positive working relationships across the organisation, deployment was still at an individual agency level. The partnership was at an early stage of developing joint workforce planning.

The majority of staff felt they had effective line management and had access to profession-specific supervision and appropriate training and development opportunities. The partnership was working to establish an organisational development plan to support health and social care integration.

## Management of resources

Joint working between the finance teams within the council and NHS Grampian was effective. Development of joint financial management arrangements were on target for the start of the Health and Social Care Partnership.

Health and social work services had successfully achieved required savings targets in previous years and the partnership acknowledged the need for this to continue in the challenging financial climate. As the new integrated arrangements take shape, the partnerships needs to work more closely with the third and independent sectors to deliver some of these savings through service redesign.

There was evidence of learning from initiatives supported by the change fund. Progress had been made in allocating funding from the integrated care fund to provide continuing support for change initiatives.

The partnership had begun to address the challenges of electronic information sharing between health and social work, building on earlier developments within GP practices. This work was at an early stage of development and would be a key area for the Integration Joint Board to progress.

## Leadership and direction

The partnership had a clearly articulated vision for older people's services within its strategic plan although it still had to set out the actions that would ensure this plan was implemented. The partnership was engaging well with key stakeholders including local communities, staff and partner services. There had been effective engagement with staff to involve them in the planning and development of services. Senior managers acknowledged that this needed to be a continuous process to keep staff informed and engaged in the change and improvement processes. It was essential that the partnership built on and improved its collection and analysis of performance information to inform change and improvement.

The development of a locality-based model was underway but needed greater impetus through the appointment of the next tier of the management team to support implementation of the new ways of working in Aberdeen City.  This included the need to improve engagement of clinical managers.  Although there was effective clinical leadership, clinicians required more support to take a leadership role to be successful in delivering the partnership's ambitious change agenda.

## Capacity for improvement

The partnership delivered positive outcomes for many older people.  The partnership's efforts to build community capacity and enhance individual wellbeing had helped many older people lead healthier and included lives.

The partnership was building on the work it had started to reduce the number of people whose discharge from hospital was delayed.  Completing carers' assessments and providing support to those carers who need it should be given greater priority.

The leadership within the partnership clearly supported staff to be engaged in informing continuous improvement in the Aberdeen area.  The partnership needed to consolidate its management team to implement the new structure and ways of working to deliver its aspirations.

We considered that the partnership had set a clear agenda to drive the health and social care partnership and deliver the required improvements as it goes forward.

## Our inspection process

### Phase 1 – Planning and information gathering

The inspection team collates and analyses information requested from the Partnership and any other information sourced by the inspection team before the inspection period starts.

### Phase 2 – Scoping and scrutiny

The inspection team looks at a random sample of health and social work records for 100 people to assess how well the partnership delivers positive outcomes for older people. This includes case tracking (following up with individuals).  Scrutiny sessions are held which consist of focus groups and interviews with individuals, managers and staff to talk about partnership working.  A staff survey is also carried out.

### Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland jointly publish a local inspection report.  This includes evaluation gradings against the quality indicators, any examples of good practice and any recommendations for improvement.

To find out more go to www.careinspectorate.com/
or
http://www.healthcareimprovementscotland.org/

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## Evaluations and recommendations

Evaluations are awarded on the basis of a balance of strengths and areas for improvement identified under each quality indicator.  By balance, we do not mean a simple count of the strengths and areas for improvement.  While each theme in an indicator is important, some may be of such importance to achieving good outcomes for older people and their carers that they are given more weight than others.  Weaknesses may be found which impact only on a small number of individuals but be so significant, or present such risks, that we give them greater prominence.  All evaluations are agreed only after a thorough consideration of the issues.

We assessed the Aberdeen City Partnership against the nine quality indicators. Based on the findings of this joint inspection, we assigned the partnership the following grades.

| | Quality indicator | Evaluation | Evaluation criteria |
|---|---|---|---|
| 1 | Key performance outcomes | Adequate | **Excellent** – outstanding, sector leading |
| 2 | Getting help at the right time | Good | **Very good** – major strengths |
| 3 | Impact on staff | Good | **Good** – important strengths with some areas for improvement |
| 4 | Impact on the community | Very Good | |
| 5 | Delivery of key processes | Weak | **Adequate** – strengths just outweigh weaknesses |
| 6 | Policy development and plans to support improvement in service | Adequate | |
| 7 | Management and support of staff | Adequate | **Weak** – important weaknesses |
| 8 | Partnership working | Adequate | **Unsatisfactory** – major weaknesses |
| 9 | Leadership and direction | Adequate | |

| | Recommendations for improvement |
|---|---|
| 1 | The partnership should increase the pace of its development of sustainable joint approaches that help to support improvement to:<br>• deliver the Scottish Government's delayed discharge target of no delays over two week duration, and<br>• ensure fewer older people experience delayed discharge from hospital. |
| 2 | The partnership should work with carers and those services that support them to ensure that:<br>• carers are routinely offered a carer's assessment<br>• carers' assessments are completed for those carers who request them<br>• offering and completing carers' assessments is clearly documented, and revisions to future formats for carers' assessments take into account new carers legislation. |
| 3 | The partnership should ensure that:<br>• pathways for accessing services are clear<br>• eligibility criteria are applied consistently across services, and<br>• waiting lists are monitored to manage the allocation of pressurised resources equitably. |
| 4 | The partnership should work with the Aberdeen City adult protection committee to support improvement in adult support and protection by:<br>• including timescales for all partners for the completion of all stages within the adult protection processes<br>• providing oversight of progress of action plans completed from audits, and<br>• providing oversight and quality assurance of any action plan resulting from the commissioned review of adult support and protection. |
| 5 | The partnership should take action to ensure that frontline staff are supported to complete initial inquiries, risk assessments and risk management plans timeously.<br><br>This action should include:<br>• working alongside Police Scotland to develop a joined up approach for completing inquiries<br>• streamlining its risk assessment frameworks, and<br>• ensuring that risk assessments and risk management plans are completed and actioned. |

| 6 | As part of the continued development of the new integrated arrangements, partners should develop their strategic approach to joint training and development.  This should aim to:<br>• offer opportunities beyond mandatory training<br>• include the third sector to enhance a shared knowledge of roles and responsibilities, and<br>• achieve a cohesive approach to care delivery for older people. |
|---|---|
| 7 | As part of the continued development of the new integrated arrangements, partners should put a formal plan in place that sets out the future allocation of the integrated care fund and set out clear criteria for how these projects would be evaluated. |
| 8 | As part of the continued development of the new integrated arrangements partners should set a clear timetable to agree and implement the structure for locality management teams. |

## Quality indicator 1 – Key performance outcomes

**Summary**

**In this section, we report on the impact that health and social work services are making to the lives of individuals and their carers.  We focus specifically on improvements in the partnership's performance in both health and social care and the specific improvements in health and wellbeing outcome being achieved for individuals and their carers.**

Performance in this indicator was **ADEQUATE**.  The Aberdeen City Partnership delivered positive personal outcomes for many older people and their carers.

There were several approaches taken by the partnership that resulted in significantly fewer older people being admitted to hospital on an emergency basis compared to the Scottish average.  One such approach was anticipatory care planning.  Significant progress had been made in developing an anticipatory care approach and the preparation of anticipatory care plans for older people who otherwise had a high risk of emergency hospital admission.

Although there were some recent signs of improved performance, too many older people still experienced a delay in their discharge from hospital.  Care at home provision, an important factor contributing to delayed discharges, was a significant challenge for the partnership.  The partnership's commissioned care at home provision did not have sufficient staffing capacity to meet the growing demand from older people.  Some older people and their carers struggled to cope while they waited for a care at home service.

The partnership was beginning to strengthen its approach to self-directed support for older people.  It was also reviewing its approach to reablement.  The partnership acknowledged that these were key areas for improvement.

### 1.1  Improvements in partnership performance in both healthcare and social care

Significantly, fewer older people were admitted to hospital as an emergency than the Scotland average (Chart 1).  The number of acute bed days occupied resulting from emergency admissions of older people was also less than the Scotland average, as were the number of multiple emergency admissions of older people to hospital and the resultant acute bed days.  In Aberdeen City, there had been a significant downward trend in emergency admissions of older people since 2012.

Senior managers gave the following reasons for the progress in preventing older people experiencing an unscheduled acute care episode:

- cohesive work by GPs within their localities and partnership to prevent avoidable emergency admissions

- development of an anticipatory care approach to looking after older people, and

- activities such as falls prevention and pharmacy reviews for individuals at risk of emergency admission to hospital.

Making sure older people were discharged from hospital when medically fit for discharge, was still a major challenge for the partnership.  Senior managers within the partnership identified that improving performance in this area remained a priority.  The partnership had reduced the number of standard delays[4].  In 2014–15, the partnership had on average, 120 standard delays per month.  In 2015–16, the partnership had reduced this figure to 107 standard delays.  The number of people delayed in hospital continued to reduce.  However, from April 2015–January 2016, the partnership still had an average of 59 delays each month, which continued to miss the two-week target (Chart 2).  The main reasons for these delays included lack of care at home and care home placement availability, and assignment and completion of community care assessments (Chart 3).

In 2015–16, the partnership reduced the number of bed days lost to standard delays[5] (Chart 4).  There was a 17% average monthly reduction in bed days lost to standard delays compared to previous years.  In the winter of 2015–16, the partnership achieved its target set by the Scottish Government for a percentage reduction in the number of delayed discharges, compared to the previous year.  This meant that older people were spending less time in hospital overall.

The partnership had put a number of interconnected measures in place to help reduce delayed discharges for older people.  These included:

• creation of the discharge hub and daily discharge meeting

• intermediate care, comprising 30 step down beds

• the Adapting for Change project, which was a demonstrator site which aimed to reduce delays in the delivery of adaptations in individual properties, and

• a discharge forum, which reviewed the data on delayed discharges.

Senior and middle managers within the partnership recognised that reducing the number of delayed discharges for older people was an area that required constant vigilance and further improvement.

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4  A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place – standard delay.

5   Partnerships have worked towards discharging patients from hospital within a maximum time period, defined by the Scottish Government as follows:
2011/12 – 6 weeks
2013/14 – 4 weeks
2015/16 – 2 weeks
From April 2016 there will be a move towards measuring the number of patients delayed for less than 72 hours.

The partnership had made progress reducing the overall number of code nine[6] delays including those involving people with dementia who lacked capacity. (Capacity means the ability of an individual to make an informed choice in any given situation). However, the number of delays and the number of bed days lost to them remained relatively high compared to the Scotland average. Senior managers identified the following challenges around code nine delays:

- limitations to the use of legislation relative to the need to gain the consent of all of the relevant parties[7], and

- the time it took to secure welfare guardianship for individuals.

Senior managers were working with their legal advisors to seek appropriate ways to address these issues.

**Recommendation for improvement 1**

**The partnership should increase the pace of its development of sustainable joint approaches that help to support improvement to:**
- **deliver the Scottish Government's delayed discharge target of no delays over two weeks duration, and**
- **ensure fewer older people experience delayed discharge from hospital**.

The partnership delivered marginally less care at home and intensive care at home (10 hours plus) than the Scotland average. Delivery of enough care at home to meet the needs of older people and deliver positive outcomes for them was a constant challenge for the partnership. Each week the partnership faced a shortfall of around 500 hours care at home which commissioned services could not provide to the individuals who needed the care. This had an obvious impact on older people and their unpaid carers. We met older people who had to wait for the care at home they needed to meet their personal care needs. Some carers we met had experienced undue stress when their cared for person did not get the care at home service they needed quickly enough. The partnership acknowledged that increasing the availability of care at home was an area for improvement and we saw evidence of staff working with providers to develop services.

It was positive that the Scottish Government's quarterly survey (2015) showed that the partnership in the main provided services immediately, including care at home, to individuals with critical needs.

Bon Accord Care (BAC) staff, including occupational therapists, had carried out reablement but this ceased in the spring of 2015 following review. The hospital based community rehabilitation team carried out skilful and successful rehabilitation work with older people. The partnership's review of adult and older people's services would consider how reablement would be delivered into the future. We met with some older people who confirmed the integrated support they received from health and social work services

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6 Code nine delays include people whose discharge arrangements may be more complex due to the specific care needs of the patient (for example where there are guardianship or incapacity issues which are referred to a court of law).

7 Section 13 Z A of the Social Work Scotland Act 1968 enables individuals who lack capacity to be moved to an appropriate care setting.

staff when they were discharged from hospital. This helped them 'to get back on their feet' and supported them to do as much as possible for themselves, thereby maintaining their independence. We considered there was a lack of a cohesive approach to the development of reablement within the partnership.

In 2013–14, Aberdeen City had fewer older people experiencing a fall leading to an emergency admission to hospital than the Scotland average (Chart 5). However, trend information showed that this fluctuated. We met with older people who had had a falls risk assessment. This had reduced their risk of falling and contributed to their overall safety.

The partnership had a falls lead, who was developing a Falls Pathway for Aberdeen City. Staff were trained well in the use of the partnership's Falls Pathway and cascaded information about falls prevention. The partnership had also put in place a falls information zone, Falls Assist, which was a self-assessment tool as well as an osteoporosis service.

We saw a very good example of an initiative set up to enable older carers and 'cared for' people with dementia to attend a falls exercise group. Staff in this service evaluated it using 'Emotional Touchpoints'[8], which combined patients' experiences, therapeutic outcomes and questionnaires. The aggregate results of this evaluation were very positive in terms of reducing participants' risk of falling, giving them the opportunity to socialise, and generally enhancing their wellbeing. Short-term funding was currently in place however there was uncertainty about the future resourcing for this successful project.

The partnership successfully delivered telecare to 795 people, most of whom were older people. Forty-four people with dementia had global positioning system (GPS) tracking devices to enhance their safety and continued independence. Over 2,400 people had a basic community alarm. We met with older people who said that provision of telecare helped them to keep safe and maintain their independence. BAC was able to show evidence of creative use and development of their telecare service, which operated very effectively, responding quickly and efficiently to requests for the installation of equipment. (High-priority individuals received a service within two days).

The partnership placed marginally more older people permanently in care homes than the Scotland average (Chart 6). Senior managers within the partnership considered that they did not have enough care home places for older people and they needed to stimulate the care home provider market to create more places. Lack of availability of care home places was another reason for older people experiencing delays in their discharge from hospital.

The partnership delivered less respite care for older people and their carers than the Scotland average (Aberdeen Partnership delivered 35% less total respite weeks to older people than the Scotland average). We found from speaking with carers that they had varied experience of receiving services. Some carers we met said that they had difficulty getting respite from caring for their cared for person. Other carers we met had a very positive experience of getting a short break from their caring role using a voucher scheme. We found it reassuring that equitable support to carers was included as a priority within the draft strategic plan.

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8  Emotional Touchpoints is an evaluation tool used to capture moments or events that stand out for those involved as crucial to their experience of receiving a service.

The partnership was working to improve the use and quality of anticipatory care planning. The partnership had supported this work with a successful pilot initiative, whereby a specialist nurse prepared comprehensive anticipatory care plans for individuals who had long-term conditions.

In the main, GPs completed these plans, sometimes supported by community nursing staff.  Thirty-nine per cent of the older people whose records we read had an anticipatory care plan in place.  While just over half of the anticipatory care plans we analysed were simply key information summaries the remainder of these plans contained important additional information, as well as a list of individuals' medications and morbidities.

There was information about:

• individual's care choices if they were no longer able to live at home

• discussions with the carer

• whether the individual had granted power of attorney

• whether there was a 'do not attempt cardio pulmonary resuscitation protocol' in place for the individual, and

• actions to take in the event of an emergency such as the carer being unable to care for the individual.

We considered that the partnership had made reasonable progress with the development of anticipatory care plans and the associated development of an anticipatory care ethos for GPs and partnership staff.  Senior managers partially attributed the significant fall in emergency admissions of older people to hospital from 2014, to effective anticipatory care planning carried out by GPs and partnership staff.  The partnership said they planned to develop this further.

The average inspection grade assigned by the Care Inspectorate to the regulated services for older people, which were run by the independent sector and the third sector, was 'good'.  Overall, regulated services for older people delivered good outcomes for older people and their carers.  We met many older people who used regulated services. Almost all of these older people said that they greatly valued the services they received. They described some good outcomes in terms of enabling them to be independent, enhancing their wellbeing and supporting them to keep safe.  We met older people who were permanent residents in care homes run by BAC.  They said that the care home staff looked after them very well, and the service delivered positive outcomes for them in terms of their health and wellbeing.  BAC was showing signs of improved services for older people and was beginning to drive up its average inspection grades.

## 1.2  Improvements in the health, wellbeing, and outcomes for people and carers

The partnership delivered positive outcomes for almost all older people whose records we read (93%).  This was in line with results for other health and social care partnerships we have inspected.

We were particularly impressed with the work of the partnership's wellbeing team.

We met with older people who participated in some of the wellbeing team's activities.  They were complimentary about the team's enthusiasm.  They said that they had benefitted hugely from participating in activities such as the Golden Games.  We consider the work of this team further in quality indicators two and four.

The council received 30 complaints relating to adult social work services in the year April 2014 to March 2015.  Thirty per cent of the complaints were upheld or partially upheld.  We do not have comprehensive benchmarking data, but the fact that only 4 out of 56 complaints were upheld is low compared to other partnerships, whose complaints data we have analysed.  Adult social work services performed relatively well on investigating complaints timeously.

Information available for NHS Grampian as a whole showed that in the years 2010–11 to 2014–15, the average number of complaints responded to within the 20 day target was – Scotland 65%, NHS Grampian 51%.  The health village[9] had developed the use of 'improvement trees' to effectively gather and analyse feedback from people accessing services there.

The partnership had made slow progress delivering self-directed support for older people.  Senior managers readily acknowledged this was an area for improvement.  Our review of older people's records showed that 86% of the individuals who should have been offered the four self-directed support options[10] had not been offered them.  One of the reasons for this was that a self-directed support infrastructure had not been put in place.  We met with the partnership's enthusiastic self-directed support team.  They were making progress creating the necessary infrastructure for the effective delivery of self-directed support to older people that included a suite of documentation, key processes for the implementation of self-directed support and robust monitoring of individual's direct payment arrangements.

The partnership provided direct payment to increasing numbers of older people at a level around the Scotland average (Chart 7).  Some staff reported that individuals they worked with had found it quite easy to get direct payments and set up their scheme.  They said that direct payments had worked very well for some individuals, by giving them the choice and control that they desired as well as improved personal outcomes.

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9  The health village was an urban community hospital without inpatient beds delivering a small range of diagnostic and treatment services in partnership with Aberdeen City Council.

10  Option 1 – direct payment, Option 2 – directing the available support, Option 3 – services arranged for the person by the local authority, Option 4 a mixture of 1–3.

## Quality indicator 2 – Getting help at the right time

**Summary**

**In this section, we examine the experience and feelings of individuals and carers, how they understand and appreciate the services provided to them.  We specifically look at their experience in relation to improved health, wellbeing, care and support. We also consider prevention services from the perspective of the individual and also the access to information about support options available to them, including information on self-directed support.**

Older people's access to help at the right time was **GOOD**.  The partnership's approach to the design and delivery of care for older people had a clear focus on maintaining their independence, good health and wellbeing.  There was a strong message from the partnership that educating and supporting communities as partners in managing health and care needs was important in order to improve wellbeing and reduce the impact of ill health.  There was a clear plan for supporting and encouraging healthy ageing throughout the city.  Some innovative and effective initiatives being delivered by the partnership were the wellbeing team and the Silver City project.

Once in receipt of services, older people and their carers we met were, in the main, satisfied with the quality of the support and care they received.  Older people and carers greatly appreciated and praised the post diagnostic support offered following diagnosis of dementia.  However, access to this service was sometimes delayed.

Carers reported that they would like easier access to respite care and day services to support them and the person they cared for.  Supporting carers by offering and completing a carer's assessment and providing timely support were areas identified for improvement. However, there was clear evidence that when carers were supported in this way it had led to improved outcomes for them.

### 2.1  Experience of individuals and carers of improved health, wellbeing, care, and support

Older people and their carers were generally appreciative of the services that they received.  This was confirmed in the health and social work records we read where we saw a high proportion of assessments that had taken the older person's choices into account (95%).  This was also the view of 67% of the staff who responded to our staff survey. We met with over 100 older people and their carers.  Many older people and their carers we met said they were very satisfied or satisfied with the outcomes from the care they received.  Other carers we met, while positive about the support they received, highlighted that they were still waiting for services to be provided following assessment.

We met older people who attended Kildrummy Day Hospital.  They had confidence in the services they received and highlighted the benefits for them of attending the day centre. Exit questionnaires, reports and group meeting minutes involving older people and their carers showed older people were very enthusiastic about the day hospital and the positive outcomes it delivered for them.  The day centre was available for older people with functional mental health conditions and was open five days a week.  It offered treatment, therapies and activities, which were outcome focused and person-centered.  Some of

these older people also attended the hospital's 'techno gym' which was supported by the wellbeing coordinators. Older people continued to benefit from exercise by attending a techno gym nearer to their home.

The partnership had a long-term conditions practitioner whose role was to support individuals to self-manage their condition and to train other staff about the management of long-term conditions. Advanced nurse practitioners also supported individuals with long-term conditions and gave advice on self-management. We met with some older people who had long-term health conditions, who said that the support they received to manage their condition, had helped them to cope and improved their wellbeing.

Older people and their carers were positive about the benefits to them from a number of groups provided by third sector organisations. These groups provided them with much needed information, support and social contact. Lack of transport however, could be a barrier to attendance at these and other health and social care support.

Forest Grove (Kings Gate) is a Voluntary Service Aberdeen initiative funded until March 2017. This funding provided resources for the development of further day support for people with dementia and their carers in other localities across the city to provide more locally based services. The centre provided carer support, day service care and flexible respite for people with a diagnosis of dementia or chronic long-term conditions. A weekend day service for people with dementia was also provided. This service was highly rated by the carers we met. Older people and staff who supported them also praised the service provided. The centre staff were highly motivated. These services provided a responsive and valued service for older people and their carers.

Occupational therapy and housing staff worked together with hospital teams as part of the Adapting for Change project. This initiative identified housing need to prevent the older person's discharge from hospital being delayed by housing requirements. Changes made to the housing allocation system ensured that people did not lose additional housing priority points[11] awarded while they were in hospital. Housing services provided support to help older people complete applications where necessary. Housing services were planning to develop the use of additional housing properties as 'step down' accommodation. This work included an option to use sheltered housing to test individuals' safety and build confidence in a safe environment before they returned home.

The partnership's delivery of support to unpaid carers was mixed with some carers finding it easier to access support than others. The older people's records we read showed that half of the carers we identified had not been offered carers' assessments. One third of carers who requested a carer's assessment did not receive one.

We found in 50% of the carers' assessments completed, there was evidence to confirm that the support provided as a result of the assessment had led to improved outcomes for the carer.

Voluntary Service Aberdeen had developed a promising revised and simplified carer's assessment format. This was called 'Looking after someone – who is looking after you?' The aim was to develop an approach which looked at the impact of caring on carers' lives

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11  Applicants for rented housing are prioritised by awarding points, based on the current housing circumstances.

rather than on the tasks they carried out. Voluntary Service Aberdeen also planned to develop telephone support, and were waiting for agreement from the partnership before implementing this approach.

A number of staff described how the practice of offering carers' assessments varied across teams. We were concerned about this variation, given carers' assessments are a gateway to respite and other support.

We met some unpaid carers who spoke very positively about the support they received from the Carers Centre, which the partnership jointly funded. This included a designated older people carer support worker and a male carer support group. The carers' worker, based at Cornhill Hospital, enabled easy access to information for individuals attending the hospital for treatment or support.

We met with staff who delivered post-diagnostic support to individuals diagnosed with dementia and to their carers. We considered that this service delivered valuable practical and emotional support to carers, as well as the cared for individual diagnosed with dementia. We met with carers who said the support they received from this service was invaluable. The support had helped them to cope with the challenge of caring for someone diagnosed with dementia.

Some carers told us that they had experienced a wait for assessment, review or services, which resulted in them taking on additional care for the person they cared for. We considered support and services to carers needed to be more consistently provided across Aberdeen City. The partnership, in reviewing its documentation, should take into account the new Carers Bill.

**Recommendation for improvement 2**

**The partnership should work with carers and those services that support them to ensure that:**
- **carers are routinely offered a carer's assessment**
- **carers' assessments are completed for those carers who request them**
- **offering and completing carers' assessments is clearly documented, and**
- **revisions to the future format for carers' assessments take into account new carers legislation.**

A variety of services were in place or were being developed to support improving outcomes for older people and their carers. These included:

- The Aberdeen Advocacy Service, a small charity with funding from a range of sources including NHS Grampian and Aberdeen City Council. A large volume of its work was linked to statutory mental health and adults with incapacity legislation, generally supporting those over 65 with mental health problems. Advocacy staff told us that one of the major challenges for their service was to be able to meet demand. There was a waiting list for the service. Advocacy staff recognised the challenges of raising awareness amongst professionals and the public about the role of advocacy services.

- The Silver City project set up in conjunction with the Northfield and Mastrick medical practice, based in an area of high deprivation in the city. The project provided a well-coordinated approach to improve the support, care and opportunities offered to older people in the city. The project aimed to look at how integrated care would work in one GP practice and drew together current practice to form a model, which could be replicated across the city. This promoted more integrated care of older people within their communities.

- The wellness group comprised a representative from public health, a capacity building officer, wellbeing coordinator, development officer, nurse practitioner and third sector representation. The group facilitated sessions with older adults about how they would like to be helped to access social activities. These sessions were called Big Blether and were reported by older people and staff as being very successful.

## 2.2 Prevention, early identification and intervention at the right time

The wellbeing team promoted and supported early intervention. The partnership had taken positive action to promote the concept of 'wellbeing'. Older people, their carers and staff all spoke very positively about the beneficial effect of these services. The council and NHS board jointly funded the wellbeing team who offered advice and coordination on an Aberdeen City-wide basis. This team had recently begun to provide support to those living with dementia by providing access to physical activities across Aberdeen City.

This highly committed team carried out a range of excellent work with older people, which enhanced their wellbeing, improved their health and fitness, offered them opportunities for socialisation, and afforded them recognition and inclusion in their communities. The innovative work of this team included:

- the Golden Games, an extensive highly cost effective programme of activities for older people of all ages and abilities (the oldest participant was 102)

- a successful support group for men whose wives or partners had died

- purposeful practical support for older people about to be discharged from hospital

- the development of the techno gym exercise programme for older people

- work with older people with functional mental health problems, and

- support for local community groups to take forward enterprises initially developed by the wellbeing team.

There was a range of other services in place to support older people with long-term conditions such as Parkinson's specialist nurses, stroke rehabilitation and cardiac rehabilitation. Older people we met said they valued these services.

Sixty per cent of older people whose records we read, had a long-term condition and most were supported to self-manage this. This support came from a range of professionals including care service providers; social workers; allied health professionals; community or district nursing service; pharmacists and independent or third sector providers. Our staff

survey confirmed that 66% of staff who responded agreed or strongly agreed that the service worked well together to support people's capacity to self-care and manage their conditions.

Community nurses worked closely with care agencies to provide end-of-life care in older people's own homes. The NHS managed the Macmillan service that mainly provided training and development to staff and carers. Marie Curie staff continued to provide support to older people and their families but like other services, because of recruitment difficulties, could not always respond quickly to people needing support. Sometimes older people returned home with only support from their family and without a full assessment of their needs. Community nurses were providing additional care and support which could have been provided more appropriately by a care at home service.

In response to an increase in the level of unscheduled work at the weekends including palliative care and discharges from hospital, community nurses were concerned that they would not always be able to offer support to older people. The partnership was reviewing how the service was structured.

The falls carers group was a good example of a well attended initiative, which enabled older carers and cared for persons with dementia to attend a falls exercise group.

Staff reported that people with dementia were seen earlier than in the past, because the speed of diagnosis had improved. Some staff thought this was because there had been a lot of publicity which had raised awareness and people saw their GPs earlier. The consultants from old age psychiatry confirmed that there had been an improvement in early diagnosis of dementia.

Older people, carers and staff said that dementia diagnosis was usually through the older people's mental health team (OPMHT) following referral from their GP. For most of the older people we spoke to, diagnosis was timely and made with minimal delay. The Community Psychiatric Team or Nurse (CPN) provided Post Diagnostic Support (PDS) when clinical input was needed. Older people and their carers at the dementia cafe we attended told us that the PDS link workers commissioned from Alzheimer Scotland were very helpful. Their support made a difference in helping older people and carers to cope with their situation. There was however, a waiting list for this service and this meant that there was a delay for some older people and their carers accessing support when they needed it.

Staff said that they were doing well in meeting the needs of older people with dementia. The PDS link workers had improved the service and aimed to minimise delays to appropriate support. They completed a specialist assessment with the individual and their carer. This helped develop personalised support based on the individual's wishes which they shared with other professionals to ensure the tailored support was continuous.

Each GP practice had a link pharmacist. The time that older people had to wait for Multi-compartment Compliance Aids (MCAs) to manage their medication was variable. Community pharmacies completed risk assessments to prioritise medication management approaches and had capacity issues in terms of management of MCA provision. Some older people experienced long waits for these (one of over six months). This is a national issue and not unique to Aberdeen.

The partnership had used change fund resources to review medication management and acknowledged that supporting people to manage their medication was an area they were continuing to work to improve.

In the main, older people and carers gave positive feedback about the services they received in their own home, once they were in place. However, older people, their carers and staff all agreed that it was difficult to increase care packages if this was required. Often, this meant that the carer was responsible for continuing to care for the older person while there was a gap in care provision. Due to the lack of staffing capacity, the ability of older people to choose the time or provider for their care package was severely restricted.

## 2.3 Access to information about support options including self-directed support

There was a range of information available to older people to help them access services and support. Leaflets, newsletters and advice access points were available in the health village and libraries, as well as social work and health premises and on the internet. Third sector organisations such as Voluntary Service Aberdeen and Alzheimer Scotland had centres where information and support were available.

Several older people and carers we met were very positive about the impact of attending Alzheimer Scotland 'Seize the day' information sessions that had helped them learn about dementia and develop coping mechanisms. This project was funded by the Scottish Government.

Most older people and their carers said that they had not been offered the choice of any of the four self-directed support options[12]. Where there was evidence that self-directed support was offered, we found the level of information given to older people was poor. They had received little information other than their care manager sending information leaflets in the post.

Generally, staff in the NHS we met did not feel confident that they had enough information or training about self-directed support to be able to discuss these person-centered approaches with older people. Social work staff had a better understanding of the options available but workload pressures sometimes prevented them from developing conversations with older people and their carers about self-directed support options. Staff said that sometimes older people and their carers were fearful of the additional responsibility of direct payment.

The self-directed support team acknowledged that they had not made as much progress as they would have hoped in developing self-directed support options with older people and their carers. The self-directed support project manager being seconded to manage the joint inspection had also impacted on implementation. The self-directed support team was well placed to make further progress and was actively improving their systems and documentation to improve information and ease of access to self-directed support to the different options.

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12 Option 1 – direct payment, Option 2 – directing the available support, Option 3 – services arranged for the person by the local authority, Option 4 a mixture of 1–3.

## Quality indicator 3 – Impact on staff

**Summary**

**In this section, we consider what employees think and feel about working in the partnership.  We consider how motivated staff are, their feelings about their support and management, how effective they feel teamwork is and their understanding of and support to organisational priorities.**

Impact on staff was **GOOD**. Almost all the staff we met enjoyed their work and most said that they felt valued, recognised and supported by managers and other professionals. There was good access to professional development.  Staff were generally well motivated. Although approaches to improvement were underway, increased workloads, vacancies, absence and cumbersome assessment paperwork were having a negative affect on staff morale in some services.

A more cohesive approach to planning and delivering services was beginning to be achieved through multi-agency working.  Despite some of the challenges caused by staff shortages and increased demands on time, staff remained committed to ensuring they delivered high standards of person-centred care for older people and their carers.

The partnership had a number of effective approaches to communication in order to keep staff updated.  There was evidence that staff had been able to influence future service design through consultation events.  Most staff had attended briefing events and said they felt well informed about integration.  However, some staff reported differing views about the effectiveness of these approaches and expressed some concerns about how integration might affect jobs and services.  Generally, staff expressed enthusiasm about what integration could offer to improve outcomes for older people.  Senior managers recognised that continued dialogue with staff was needed to enable frontline staff to feel more engaged.

### 3.1  Staff motivation and support

We looked at a range of evidence including documents submitted by the partnership, results from recent staff surveys in health and social work and a staff survey we conducted as part of the joint inspection.  We met with over 300 staff.  This included face-to-face meetings with managers and focus groups with staff from health, social work and other care settings.  We asked 1,423 staff to complete our survey with 318 responding.  This was a 22% response rate.

Of those who returned our survey:

• 55% were employed by NHS Grampian

• 44% employed by the local authority, and

• 1% employed in 'other' sectors (for example GPs).

Staff said they had a clear understanding of their roles and responsibilities within the partnership.  Overall, they were committed to delivering and improving care, support and treatment for older people and their carers.

Our survey showed that almost all staff enjoyed their work (90%) and most felt valued by other practitioners when working in partnership (81%).  Key findings from our survey confirmed a clear majority of positive responses about line managers where staff said:

- they felt valued by managers (75%)

- they agreed their workloads were well managed to enable them to deliver effective outcomes to meet individual needs (64%), and

- they felt supported in situations where they faced personal risk (82%).

Staff morale was generally good.  However, in a few settings, staff were less positive. Some staff said they were working to full capacity and felt they were 'fire fighting'. Consequently, they often struggled to adopt a planned approach to delivering good outcomes for older people.  Staff attributed this to increased workloads, high volumes of paperwork, staff shortages and difficulties accessing support services to help older people remain at home.

Aberdeen City Council and NHS Grampian's most recent surveys also indicated low staff morale in some areas.  Some staff said demands on their time had meant that they did not feel involved in or understood the impact of the integration process on the work they did. Although senior managers had set out a range of opportunities for staff engagement, the pressures already outlined in relation to workload meant that some staff did not feel able to engage in consultation events.

Innovative and inclusive engagement events set up by the partnership's organisational development staff had involved around 1,400 staff from across the public, independent and third sectors.  Senior managers prioritised attending these events to engage with staff to discuss and shape the plans for integration and provide assurance about the way forward. Generally, most of the people we spoke to across staff groups were enthusiastic about integration.

The partnership's action plan for improvement supported managers by offering training in management and leadership.  Senior leaders were more visible to frontline staff than previously.  The chief officer shadowed teams to learn more about their work and kept the partnership informed about the changes and improvements necessary to improve staff morale, enhance communication and reduce workload pressures.  Most health and social work staff welcomed these developments, which actively demonstrated the partnership's joint communication and engagement plan.

In our staff survey, the majority of respondents (64%) agreed that senior managers communicated well with frontline staff. The partnership had developed a range of communication methods to help engage staff on the key developments of health and social care integration. This included:

- a dedicated website for the health and social care partnership

- a partnership newsletter

- integration events

- videos of events, and

- consultation with trade unions.

Although the partnership had made promising developments to engage the workforce, senior managers recognised they needed to continue to improve communication of change to staff. They acknowledged that strengthening workforce engagement was the key to implementing positive change and the overall success of the partnership.

There was a long history of positive informal joint working between health and social work staff at an operational level in Aberdeen City. Some staff said this worked particularly well when they were co-located in the same building. Our staff survey results showed positively that 69% of respondents agreed or strongly agreed their service had excellent working relationships with other professionals and 85% agreed or strongly agreed that managers supported and encouraged joint working. Our review of older people's health and social work records endorsed these findings. Almost all (91%) of the files evidenced multi-agency working.

We saw some positive joint working arrangements that had begun to deliver a more cohesive approach to ensure older people received the most appropriate care and support when they needed it most. The discharge hub, older people's acute liaison team, GP clusters and the community health and care village were positive examples of joint working initiatives under development.

Staff had reservations about whether there was sufficient capacity within their teams to cope with future demand for services. In common with other areas in Scotland, only 28% of respondents to our staff survey felt they had sufficient capacity within their team to carry out preventative work.

Frontline staff said the number of referrals for older people with complex care and support needs had increased. We heard about increasing pressures on social work services staff. This sometimes had an impact on the approval process for older people with complex care needs and resulted in a delay in delivering services for older people. The partnership had reviewed its assessment documentation, and streamlined the social work referral process in response to feedback from staff at engagement events and on-site visits from senior leaders. Although at an early stage of development, we considered these were promising developments to maintain and improve staff morale.

At times of crisis, services generally worked well together to provide appropriate care and support for vulnerable older people who were at risk of harm.  For example, staff across all sectors worked with the community to keep people safe during the extensive flooding in the area in January 2016.  We saw good examples of this when we reviewed the health and social work records of older people.  Our staff survey results showed that most (81%) respondents agreed or strongly agreed their service worked well with other agencies to keep people safe and protect those at risk of harm.  This was confirmed when we met with older people and their carers, although some of the results from the records we read detracted from this positive picture.

Eighty per cent of respondents said they had access to effective line management including profession-specific supervision.  This was particularly so for social work staff.  We discuss this in more detail in quality indicator seven.  Our staff survey results showed that most staff had good access to training and development.  Providing joint training opportunities was an area for development that the partnership was beginning to address.

## Quality indicator 4 – Impact on the community

**Summary**

**In this section, we consider the approaches to promote positive engagement with the community and approaches to building community capacity.  We look for evidence that the characteristics of local communities are understood and that there is clear evidence of community participation.**

Impact on the community was **VERY GOOD**.  The partnership was strongly committed to engaging with and involving local communities in planning how to meet the health and social care needs of the older population.

A range of effective engagement opportunities was in place to support communication with local stakeholders and communities for them to contribute to discussions about the needs of their communities.  A number of locality planning events were taking place, which aimed to increase local ownership.  This approach towards collaborative working was at an early stage.

The partnership's strong commitment to promoting healthy active ageing was evident.  Working with organisations across the whole care sector, opportunities to support healthy active lifestyles, reduce isolation and support carers were being taken forward.  These had resulted in access to a wide range of creative opportunities and activities being developed. Individuals and groups we met spoke very positively about these developments.

An excellent example of an innovative approach was the Golden Games, Aberdeen's annual festival for activity, which won the Healthier Lifestyle Award in 2015 in recognition of invaluable contribution to Scottish healthcare.

Overall, there had been significant mobilisation of community capacity to effectively support older people and their carers.

### 4.1  Public confidence in community services and community engagement

The partnership was committed to engaging with and involving the community. There was clear evidence that the public and a range of other stakeholders had the opportunity to learn about what integration would mean in Aberdeen City and for them.

The communication and engagement strategy effectively informed and involved the citizens of Aberdeen City in the changes to health and social care services.  As well as using meetings and events, an online survey encouraged further comment from the public.

The partnership consulted a wide range of groups including:

• NHS Grampian public forum

• Civic Forum

- Sheltered Housing Network, and

- community councils.

Responses from these activities informed the finalised strategic plan.

The partnership was committed to engaging with the public using Aberdeen Cityvoice, which was a citizens panel for Aberdeen City. The citizens of Aberdeen let organisations know what they thought about services in the city by this means. A panel of Aberdeen residents regularly contributed their views on a wide range of issues. The panel had over 900 citizens. Responses relating to older people over 65 informed developments that the partnership needed to address and included:

- continued work with people living in local communities

- listening and responding to the voices of local people, and

- developing sustainable wellbeing opportunities.

The monitoring arrangements that the partnership had put in place ensured that citizens had opportunities to be kept informed, involved and participated in the development of plans. The partnership communications included press releases, the partnership newsletter, and the development of a website and regular use of social media. The newsletter, Partnership Matters, provided meaningful updates to staff and the public. There were links to the progress of integration and service development news such as community meals, podiatry and community nursing. The partnership effectively set out its plans for the future of health and social care in Aberdeen City and the contribution that stakeholders could make.

The Health and Social Care Partnership website was very informative. This aimed to provide staff and members of the public with news about the developing partnership arrangements.

The partnership intended to develop services within four natural localities across Aberdeen and build community resilience based on an asset planning approach to increase local ownership to drive change. The partnership anticipated this would support people to better access local non-medical help and services such as care at home, social activities, local groups, money advice and carer support, and promote collaborative working.

A number of locality planning events were taking place and actively engaging with staff and citizens. In one locality, we observed a workshop focused on raising the awareness of enablement and provided an overview of progress with the development of integrated localities. This event was well attended by partners from health, social work, third and independent sectors. A participant at an event echoed the views we heard expressed across the partnership, 'feels different, feels better'.

The partnership had recently appointed an integrated localities programme manager who had begun to engage with people to better understand the needs of the local community. The manager's primary aim was to support the development of local initiatives which

would assist older people to remain in their own communities. A member of staff told us that the capacity-building model was 'helping to shift what had previously been a very service orientated model'.

Some staff groups highlighted that the involvement of the third and independent sector in strategic planning needed to be strengthened, although we found that these sectors along with housing services were engaged in planning. This work was being further strengthened with effective support from the integrated localities programme manager.

Care management teams in each of the four localities were linked to GP practices. The partnership planned to further develop integrated teams to ensure better joined up working. There was a strong commitment to ensuring a more equitable service across the city. To develop the vision for partnership working further, Nurture Development[13] had been commissioned to support the redesign of services and engage collaboratively with members of the public in the development of their communities and in particular, the establishment of locality based services.

The partnership had worked hard to promote healthy, active ageing in Aberdeen by working with statutory organisations and the third sector alongside students from local education establishments. We visited community projects aimed at preventative interventions and met many older people and their carers who told us how they had benefited significantly from community supports and activities. The wellbeing team was committed to the prevention of ill health and encouraged older people to take part in activities, which reduced loneliness and isolation by creating community support groups for them.

In order to ensure the sustainability of these activities, the team worked in partnership with statutory and third sector organisations both in the community and within hospitals in Aberdeen. The work of the wellbeing team complemented the range of very good work that the partnership had done with the third sector in respect of developing community supports for older people. Overall, there was a great deal of third sector activity supporting older people and their carers. We visited groups run by enthusiastic volunteers who worked hard to support individuals, such as:

• Alzheimer's support group for people with dementia

• Way Ahead Group for former carers, and

• Living Well Café for those with memory loss.

The wellbeing team had also established links with Aberdeen Football Club Communities Trust (AFCCT) that supported the development of innovative and positive initiatives aimed at improving wellbeing and healthy activity for older people. The AFCCT, Sport Aberdeen and Aberdeen Sports Village worked in partnership to effectively promote active ageing and the AFCCT hosted one of the techno gym facilities. These gyms were available in a variety of locations across the city. The AFCCT also provided a wide range of other meaningful activities such as football reminiscence sessions, walks, ball games and

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13 Organisation that promotes Asset-Based Community Development (ABCD), a movement that considers local assets as the primary building blocks of sustainable community development.

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walking football in a full weekly programme.  The AFCCT also offered a limited number of free season tickets for over 65s to enable them to attend home games.

Sport Aberdeen offered positive opportunities for older people to take part in a series of chair exercises, individual fitness MOTs and provided advice about falls prevention. Attendees told us that they found the project enjoyable and helpful although they sometimes found it difficult to attend when transport was not provided.

We visited the Big Blether project, which aimed to reduce social isolation. It is recognised that loneliness can cause people to 'over medicalise' their condition and contact GPs inappropriately.  The Big Blether targeted socially isolated people who were invited for a cup of tea and to learn about local group activities.  This promoted effective contact and engagement of older people.

The Golden Games was Aberdeen's annual festival for activity for people over 65.  It had taken place for the past five years and featured more than 30 different activities in venues across the city.  These games had given older people the opportunity to engage in physical activity as well as provide them with a chance to meet other older people, thus reducing social isolation.  This was an excellent example of partnership working.

Active Ageing Aberdeen provided a range of physical activity opportunities for older people.  They worked closely with the partnership to respond to the health needs of citizens in Aberdeen.  The number of older people engaged in activities in their community was increasing.  In their annual report for 2015, Active Ageing Aberdeen reported an increase of 78% for those participating in their programme and an increase by 48% of the number of sessions offered, thus widening the range of events available.

Third sector staff and volunteers provided a helpful range of support for older people and their carers.  Alzheimer Scotland, for example, had a resource centre in the town centre, which hosted a range of supportive activities and information sharing.  We joined older people at a dementia café in the town centre, which was well attended by people with dementia and their carers.  They enjoyed the social interaction the café provided and the opportunity to talk to others in similar circumstances.

The Living Well project was an effective befriending service for older people in north Aberdeen.  In partnership with Aberdeen City Council and Alzheimer Scotland it also provided help and support to older people with memory loss, dementia and their families and carers.

Overall, there had been significant mobilisation of community capacity to effectively support older people and their carers. One older person who had a diagnosis of dementia told us 'there is always something on somewhere' and another said 'there are activities for all tastes'.

**Example of good practice – Wellbeing team**

**A member of the wellbeing team was invited into Woodend Hospital to provide advice on how to maintain the physical and emotional health of potentially long-term patients with the aim of preventing deterioration of patients' conditions and possibility of readmission to acute care.**

**For example, a member of the team offered an older person a number of options such as befriending, delivery of home books, and referral to allied health professionals.  We considered that this was genuinely innovative and creative work.**

**This approach was a positive example that presented further opportunities to develop hospital links with the wider community and third sector.**

## Quality indicator 5 – Delivery of key processes

**Summary**

**In this section, we look at approaches taken by the partnership to ensure ease of access to support and services.  We consider the effectiveness of assessment, support planning and review.  We assess the extent to which shared approaches are protecting individuals who are at risk of harm.  We also consider how well individuals are involved in directing their own support.**

Delivery of key processes was **WEAK**.  Both health and social work services had centralised referral processes.  Although this made initial contact easier, it did not always mean services were provided in an appropriate time frame.  There was also a range of service specific criteria, which led to multiple pathways into services.  Older people and their carers found this confusing.  Nearly a quarter of older people were on a waiting list for services and some service provision had been delayed in excess of six months.  The partnership was actively progressing a range of initiatives to support improved access to services including access to out of hours support.  It was too early to measure the impact of these developments.

There was clear evidence that investment had been made in relation to anticipatory care planning and we found this approach was achieving better outcomes for some older people.

Many older people told us that they felt they had been involved in discussions about their assessed needs, though some said choices were limited.  This was not helped by the fact that the implementation of self-directed support had been very slow in relation to support for older people.

A significant concern was in respect of adult support and protection referrals. Although initial screening was undertaken in an appropriate time frame, critical tasks such as initial enquiries and full investigations were not, in some cases.  Such delays potentially left a few older people at significant risk of harm over a protracted period.

### 5.1  Access to support

There was a helpful range of public information available through the partners' websites as well as attractive informative leaflets.

Both health and social work had centralised referral processes.  Although this made it more straight forward for older people and their carers to make their initial first contact, it did not always support ease of access to services.

The partnership had a range of service specific criteria, which resulted in multiple pathways for accessing social work services.  Older people and carers we met found these pathways complex to understand.  For example, we met some older people who had places at more than one day service, whilst others had none and were on a waiting list for a place.

People who had critical and substantial need were prioritised for services. Those older people who did not meet the criteria were signposted to alternative sources for advice and support. Social work service staff used agreed criteria when assessing need although they acknowledged that some older people who met the criteria still had to wait to get services they needed. We found delays were due to a number of reasons:

- increasing level of demand

- lack of care at home staff across the sectors

- variable range of services available to older people depending on their location, and

- lack of equity of allocation of scarce resources.

The health village had valuable and effective information points such as the healthpoint and carerspoint[14]. Older people and their carers we met spoke positively about the health village and how visiting this resource had helped them to access information and services.

The partnership had completed an effective redesign of out-of-hours services. The development of community link coordinator posts were proving effective in helping to prevent admission to hospital. Staff confirmed that the link coordinators had made a positive difference to the way health and social workers worked together to make sure individuals were being well supported. Whilst there were efficient systems in place to support older people getting an initial response and assessment promptly, older people, their carers and staff we met expressed frustration at the potential delays in getting resources after completion of the assessment.

Waiting lists for a range of services was a significant issue for the partnership and for the older people who had to wait. While the health and social work records we read indicated 7% of older people had experienced unreasonable delay in being assessed for key services or support, a further 23% of older people were on a waiting list for services with delays for some exceeding six months. Older people had to wait for a range of services, which included care at home, care home provision, very sheltered housing and day care.

All staff we spoke to acknowledged the challenges of getting services to older people timeously. Whilst the partnership had began to gather information on unmet need for care at home services, staff were unclear how this information was used to inform service priority and development. Whilst the partnership was working hard to address these issues, we were concerned that they did not have an efficient system in place to monitor how many older people were actually waiting for services across Aberdeen. Collection of this data would help the partnership to manage waiting lists and waiting times and inform future commissioning or services.

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14  The carerspoint was a joint venture, which provided an excellent range of information and advice in an accessible venue.

**Recommendation for improvement 3**

**The partnership should ensure that:**
• **pathways for accessing services are clear**
• **eligibility criteria are applied consistently across services, and**
• **waiting lists are monitored and reviewed to manage the allocation of pressurised resources equitably.**

## 5.2 Assessing need, planning for individuals and delivering care and support

Aberdeen City Council used the Single Shared Assessment (SSA) to assess older people's needs for social care and support services. Staff said they found the SSA cumbersome to use. They did not routinely share the assessment with, nor was it used by, partners to inform assessments. Senior managers were aware of the limitations of the SSA and the views of staff about it. Managers had piloted a streamlined version of the SSA with staff in one of the localities with the intention of rolling this out across services. Managers had yet to set a timescale for this. Health and social work staff were beginning to work together to develop a more outcome focused approach to assessment.

It was evident that the partnership had made investment and was committed to introducing anticipatory care plans for older people to support assessment and care planning. Our findings confirmed these were beginning to support improved outcomes for some older people.

We looked at the quality and content of assessments and care planning.

From our review of older people's records, we found:

• 89% of records contained an assessment with 1% evaluated as excellent, 15% very good, 41% good, 35% adequate and 7% weak with none evaluated as unsatisfactory

• 69% of records confirmed that a range of professionals had contributed

• 98% of assessments took account of the individual's needs

• 66% of records had evidence of consent being sought to share information, and

• in 76%, evidence of partners sharing information and recording this in their records.

These findings showed that partners were working well together and with older people. It was also positive to find evidence of line managers' scrutiny in 57% of records we reviewed.

Fifty-nine per cent of older people whose records we read had a comprehensive care and support plan in place. Thirty per cent had a care plan that was less comprehensive with 11% having no care and support plan. We found a range of different care plans being used and new versions were being tested that aimed to streamline these.

All staff we met told us about the significant shortage of, and difficulties they experienced trying to obtain some services for older people.  This was consistent with findings from our staff survey where only 26% of staff who responded agreed or strongly agreed that a broad range of services was available to offer alternatives to hospital admission.  Fifty-five per cent disagreed or strongly disagreed.

The partnership had established a number of positive initiatives involving a stronger multidisciplinary approach in order to address the challenges in delivering services to older people.

- Fortnightly multidisciplinary team meetings were introduced into one GP practice to provide an effective forum to discuss the care of older people with complex needs. This supported improved joint working and found shared solutions to support older people.

- To help facilitate timely discharge from hospital, the partnership had created a multi-agency discharge hub that included a discharge coordinator and care manager.  This allowed social work and health staff to triage older people more effectively and support discharge.  The hub was a promising development.

- 'Care of elderly' consultants introduced comprehensive geriatric assessments for older people referred to accident and emergency, which helped improve older people's experiences and treatment.

- To provide effective support to non-specialist wards and to inform effective discharge processes, the older people acute liaison (OPAL) team based within the discharge hub also held productive daily meetings.

To address the delays of those older people needing residential care or with more complex support needs, the partnership had successfully increased the availability of interim and intermediate care placements by commissioning 30 beds from the independent care sector.

Community nurses worked hard to ensure that older people received the equipment they needed and a nurse specialist was available to provide training and support to staff.  The telecare service based within BAC had been successful and responsive in providing equipment promptly with no waiting lists.  However, the partnership recognised that a joint equipment service would improve efficiency of access.

Although progress had been slow, a redesign proposal for joint provision was now in draft form and was moving forward as part of the strategic plan.

Staff from across the partnership, expressed concern that some older people were discharged from hospital without any care at home service in place to meet their personal care needs.  Hospital staff had not referred these older people to social work for assessment to allow service provision to be in place at the point of discharge.  Social work services had to deploy emergency care at home provision to look after these older people in order to meet their critical personal care needs such as for food, water and getting to the toilet.  Whilst the discharge hub was helping to reduce the number of older people being discharged from hospital without appropriate care being in place, nevertheless,

staff confirmed this unacceptable practice still occurred. The partnership should work to reduce these occurrences. They acknowledged that they needed to encourage staff to report on failed discharges and to collate data more accurately to help them improve their understanding of the extent of this problem better.

Most older people in hospital with high priority needs had good access to rehabilitation on discharge from hospital. This was not so good for those with lower priority needs. The community rehabilitation team based in hospital provided effective support to older people before and after discharge. Some staff across the partnership spoke positively of the enablement team previously in place. However, the loss of this team in June 2015 had contributed to a reduction in available resources to support older people to return home with an intensive time limited support package.

## 5.3  Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

The independent convenor of Aberdeen City Adult Support and Protection Committee also chaired Aberdeenshire and Moray Adult Support and Protection Committees. This chairing arrangement for Adult Support and Protection Committees across Grampian was effective in providing consistency between partners. The three committees shared Grampian wide interagency policies and procedures for the support of adults at risk of harm. The partnerships had structured governance arrangements in place for adult support and protection. The Aberdeen City Adult Support and Protection Committee enhanced its membership with strong representation across the sectors and included representation from the GP clinical lead.

Each partner had its own additional local guidance. In Aberdeen City whilst the guidance was clear, it did not set out timescales for the completion of critical tasks such as initial inquiries and full investigations.

Council officers and Adult Protection Unit staff told us that screening at the point of adult protection referral was generally dealt with timeously. Aggregated data gathered by the Adult Protection Unit and our review of records confirmed this.

However, lack of clear timescales had led to drift in the completion of initial inquiries and lack of clarity as to when investigations needed to be progressed to case conference. We also found council officers were not always supported by their partners with delays from police completing enquiries or by health staff completing capacity assessments promptly. These delays potentially left a few older people at significant risk over a protracted period.

Council officers believed that part of the reason they were taking longer to complete initial inquiries was due to their practice of completing more detailed assessments than required at this early stage. We concurred with this view and found from older people's records we read, that assessing staff carried out more detailed investigations at the initial inquiry stage than we have seen in some other partnerships in Scotland.

An NHS Grampian risk assessment tool supported risk assessment, and although not specifically designed for adult protection, it covered most risks and was used by the majority of staff. However, managers recognised that risk thresholds were not clear within documentation and were working to improve this. From our staff survey results, 75% of

staff agreed or strongly agreed that there was clear guidance and processes in place to support all staff in assessing and managing risk. Sixty-two per cent agreed or strongly agreed that there were a range of risk assessment tools that they could use.

Aberdeen Adult Protection Unit staff produced a suite of data to inform the performance monitoring aspect to the Aberdeen City Adult Support and Protection Committee. These reports were informative in keeping the committee abreast of trends as well as developments in training and development. For example, in order to encourage older people's involvement and participation in the adult support and protection process, the unit offered full training to advocacy services operating in Aberdeen. Advocacy staff told us they felt confident in their role in supporting adults at risk of harm. The Adult Protection Unit coordinator set the operational priorities for the unit and offered advice to council officers when required. Staff we met valued this source of support. However, staff vacancies and temporary staffing within the Adult Protection Unit for a period of 18 months had led to gaps in the support being available.

We were concerned that previous monitoring and quality assurance of adult support and protection work had not continued following self-assessment activity and adult protection case file audits in 2012 and 2014. These audits highlighted a range of areas of good practice as well as areas for development. However, the findings from the audits were not always supported by specific, measurable, achievable, realistic and time-bound (SMART) action plans to take forward learning, and as result improvements were slow to progress.

Managers accepted that adherence to the previously established file review process, which was in place had become much less routine and robust. This was due to management changes within social work services.

The older people whose records we read showed mixed findings in relation to risk assessment and risk management[15]. Only 5% of records we reviewed contained a chronology of key events whilst a further 29% did not have a chronology where there should have been one. Managers had introduced training for staff to improve the use and content of chronologies.

We were concerned that in a few of the records of older people we read (4 out of 14), we found lengthy delays (up to six months or more) in the completion of initial adult support and protection inquiries. This in turn had led to delays in making important decisions as to whether to proceed to a full investigation. Other reasons for delays identified from our review of older people's records included:

• lack of capacity within the adult teams to carry out adult support and protection initial inquiries and investigations timeously

• delays in capacity assessments being completed by NHS staff

• slow decision making by partners such as Police Scotland, and

• lack of discussion and joint decision making in some cases creating significant delays for some individuals.

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15 A chronology can give an early indication of emerging patterns of concern and risk. These can be used to inform any risk assessment.

Council officers also highlighted the impact of different priorities applied to Adult Support and Protection by partner agencies when carrying out investigations.  These delays meant that a few older people were left at significant risk for unacceptable periods.

Managers accepted the very serious concerns we raised about adult support and protection following our reading of older people's records and said they were committed to re-establishing regular audits of adult protection records to quality assure practice.  They had taken decisive action to review the care and support of adults at risk of harm in Aberdeen City and had commissioned an external review of all adult protection cases.

**Recommendation for improvement 4**

**The partnership should work with the Aberdeen City adult protection committee to support improvement in adult support and protection by:**
- **including timescales for all partners for the completion of all stages within the adult protection processes**
- **providing oversight of progress of action plans completed from audits, and**
- **providing oversight and quality assurance of any action plan resulting from the commissioned review of adult support and protection.**

The partnership fully acknowledged that it needed to review and revise the effectiveness of its governance and oversight systems for adult support and protection.  It had recently put in place a process to review and improve its monitoring systems and delivery of adult support and protection.

Staff were undertaking risk assessments reasonably frequently and were keeping risk management plans up to date.  They regularly reviewed these plans.  Although only a proportion of adults at risk of harm may need a protection plan, we were reassured to find these were in place for just over half of the records of older people that we read.

In the majority of cases, where applicable, there was evidence that the views of partners from different agencies had informed the protection risk assessment (71%).

Forty-two per cent of protection risk assessments were rated as very good or good, 36% rated as adequate and 21% of cases were rated as weak or unsatisfactory.

We found for records that had non-protection type risk issues, such as a frail older person at risk of falling, 80% of cases had a non-protection risk assessment on file.

As a result of concerns we raised following the review of records, the partnership took immediate and positive action.  This included re-establishing the adult support and protection operational management group to better quality assure practice.

**Recommendation for improvement 5**

**The partnership should take action to ensure that frontline staff are supported to complete initial inquiries, risk assessments and risk managements plans timeously.**

**This action should include:**
- **working alongside Police Scotland to set clear timescales for completing inquiries**
- **streamlining its risk assessment frameworks, and**
- **ensuring that risk assessments and risk management plans are completed and actioned.**

## 5.4  Involvement of individuals and carers in directing their own support

Many of the older people we met told us they felt involved in discussions about their support needs.  However, some older people said that some of their choices were limited.  Our review of older people's records found a very good level of engagement with older people. For example:

- in 95% of cases an individual's choices had been taken into account in the assessment

- 96% of individuals were involved in their assessment

- 90% were involved in their care plan and review, and

- in 71% of records there was evidence that the individual had control over the kind of support they received.

Older people and their carers said they greatly valued support provided and enjoyed services such as the singing group and techno gym facilities.  They considered that the partnership sought their views to inform evaluation of these and other services.

Senior managers acknowledged that implementation of self-directed support had been slower for older people.  Clear procedures and documentation were now in place.  There was also a range of informative guidance and documentation to support staff and care providers in implementing self-directed support.

Recent positive action had been taken to appoint a new project manager for self-directed support.  We found a thoughtful research-based approach to developing Option 2 of the four available self-directed support options.

## Quality indicator 6 – Policy development and plans to support improvement in service

**Summary**

**In this section, we look at organisational and strategic management across the partnership. We consider how well strategies and plans reflect the partnership's vision. We look at operational and strategic planning arrangements, development of early intervention, quality assurance, self-evaluation and improvement. We also consider how the partnership involves individuals who use services, their carers and other stakeholders.**

Policy development and plans to support improvement in service was **ADEQUATE**.

A number of key strategies were in the process of being finalised. These strategies had been developed to support the effective delivery of services to older people. Most were on target to be in place for the official start date for the partnership.

The partnership's joint strategic plan had been subject to wide consultation. This plan set the high-level direction for future planning and delivery of services. To support its strategy, the partnership needed to develop a 'market facilitation' strategy. This was yet to be started.

The partnership had an agreed locality structure and was in the process of developing the supporting management arrangements. Learning from a development site in the south side of the city was being used to progress locality planning across the city but was at a very early stage. Stakeholder engagement including involving older people and their carers was being incorporated into locality planning.

The partnership's development of preventative services was limited. Current service contracts were based on assessment of critical and substantial need and on a time and task allocation. This task-based approach did not support the development of prevention and earlier intervention.

Managers needed support to present and analyse data. Some performance management systems were in place although they still had to be streamlined to inform joint performance measurement activities.

### 6.1 Operational and strategic planning arrangements

The partnership had produced a number of strategic papers setting out its aspirations and intentions for the delivery of health and social care in Aberdeen City, how it aimed to achieve these and how it would measure success. Managers acknowledged there were challenges in respect of the operational delivery of services for older people, in particular the recruitment and retention of health and social care staff. Nonetheless there had been progress made in setting a high-level strategy for the integration of health and social care in Aberdeen. The strategic documents were not yet specific on how the partnership would achieve the aspirations outlined. The inspection took place during a time of significant change and the partnership was in the process of developing an implementation plan that identified joint performance measures including financial targets and the delivery of personal outcomes.

The single outcome agreement (2013–16) outlined the Community Planning Partnership's aspirations as:

• older people in Aberdeen have increased independence

• more older people in Aberdeen are benefitting from 'active ageing', and

• carers are effectively supported.

The Aberdeen City Council five-year business plan usefully set out their vision and key priorities. The chief executive of Aberdeen City Council was working constructively with community planning partners to connect the various strategic plans for the totality of the Aberdeen City population. The community planning partnership's single outcome agreement would aim for more integrated plans for NHS Grampian, Aberdeen City Council and the IJB as well as include other public bodies like the fire service and police. Audit Scotland expected Aberdeen City Council to develop a refreshed single outcome agreement, which the council aimed to have completed by the summer of 2016.

The joint commissioning strategy for older people 2013–23, 'Ageing wi' Opportunity' was the key shared document, which fully outlined the partnership's commissioning intentions and the collective vision for service delivery. This would be replaced by the IJB strategic plan from April 2016. The partnership had worked purposefully together to produce the Aberdeen City joint strategic needs assessment (2015). This detailed the demographic pressures and more importantly identified the priority areas for longer-term planning.

The partnership's draft Strategic Plan (2016–19) was an overarching statement of intent outlining its vision and values. This included a stated recognition of the need to work differently and support community self-management in response to demographic pressures and the Reshaping Care agenda. Their aspiration was to commission outcome focused services and involve service users and their carers in the commissioning processes. Positively, the investment intentions were linked to the nine national health and wellbeing outcomes, and included the increased use of telehealth and telecare and a review of bed-based services. The partnership was about to publish its revised strategic plan on 1 April 2016 following the conclusion of a widespread and effective formal public consultation process.

The housing contribution statement was updated in March 2016. This comprehensive strategic document linked well to the council's five-year business plan and the joint commissioning strategy. A statement of intent, it set out how housing services would be involved in maintaining older people at home for longer and reflected the intentions of the local housing strategy.

The partnership had made progress in developing the four identified localities within the city. They had appointed an integration and locality development manager with responsibility for developing communities. Their locality planning approach started as a development site in the south of the city. The intention was to develop this across the partnership. This work was being supported and shared with staff and the public using videos of activities – showing what was working well and what they were changing. The partnership was making steady progress with their strategic planning arrangements.

## 6.2 Partnership development of a range of early intervention and support services

In line with Scottish Government policy, Aberdeen's Health and Social Care Partnership strategic objective was to optimise the independence of people at home. The partnership acknowledged that there were areas where they needed sustained improvement. One of these areas was the continued development of anticipatory and preventative approaches that were responsive to the changing demography within the city. It was evident they had made good progress in respect of earlier intervention, examples of which are described in detail in quality indicators one, two and four. Further work was needed by the partnership to develop more anticipatory and preventative resources. The chief officer for the IJB recognised that the partnership had not continued some of the change fund[16] projects set up to test and reshape care to deliver on improved outcomes. The chief officer worked well with the management team to develop proposals for sustained change and improvement based on the business case model for the use of the integrated care fund. The partnership's management team anticipated that these would deliver the intended measures and outcomes.

Like other areas of Scotland, a significant volume of accommodation of more than one storey brought a number of challenges in respect of supporting people to remain independent within their own homes when they become less mobile. Aberdeen City Council had invested significant funds in improving housing. This included investment in telecare and upgrading to its sheltered housing stock. This helped to provide more flexible support packages using electronic assistive technology systems. Unlike the national trend, which had shown a small decrease, the number of people in receipt of a community alarm/telecare service in Aberdeen had increased by 48% in 2013–14.

In order to develop a more equitable approach, partners from the city's housing services, Registered Social Landlords, the NHS and BAC occupational therapy services were involved in the Adapting for Change demonstration project. The Joint Improvement Team[17] supported this work, which had been set up to test new approaches in relation to the provision of the Aberdeen City adaptation services. This work was beginning to streamline pathways, deliver in faster time scales and promote the use of technology to meet the needs of older people and their carers more effectively. One example of a new initiative was a scheme whereby tenants living in sheltered housing could order meals using a touch screen, saving them time and effort in placing meal orders.

Aberdeen City Council recognised it had been slow to progress some of the actions arising from its housing review. This was as a direct result of having insufficient vacant tenancies and an inability to recruit the number of care staff needed to develop the models of accommodation, care and support. A programme of transition from sheltered to very sheltered housing began in 2013. Managers intended to present a further report to the council in May 2016 with proposals on how they would escalate this work to support more people with complex needs in the community.

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16  A £230 million Older People's Change Fund was made available to Health and Social Care Partnerships from the 2011–12 financial year. A further £70 million was made available for the 2014–15 financial year. NHS Boards and their local authority partners submitted change plans, detailing how they proposed to spend this funding.

17  The Joint Improvement Team – strategic improvement partnership between the Scottish Government, NHSScotland, COSLA (Convention of Scottish Local Authorities) and the third, independent and housing sectors that provided a range of practical improvement support

### 6.3 Quality assurance, self-evaluation, and improvement

The partnership was working towards development of fit for purpose systems to measure and report on quality assurance, self-evaluation and improvement. Whilst there was evidence of managers regularly reviewing performance data, there were some challenges for the partnership including:

- current performance information systems that were not sufficiently joined up

- limited staff capacity within the NHS and the council to present and analyse data, and

- gaps in information from the NHS, for example there was no information on how long it took to provide a piece of equipment to an older person.

We found this position reflected in our staff survey where half of those who responded did not know whether there was a coherent strategy in place to gather and use data to improve outcomes.

Service managers recognised gathering and analysing performance information would continue to be an issue, particularly when the move to localities would increase the number and range of reports needing to be produced. The council was working with the Good Governance Institute to set out the chief social work officer's role in terms of quality assurance of standards of professional practice.

However, the partnership was beginning to make progress towards more efficient performance reporting and to bring together NHS and council data to improve joint understanding of performance. This included a joint performance work stream and discussions were ongoing in respect of how to improve information systems. Aberdeen City Council had a council wide corporate risk register. The IJB had completed some work looking at risk appetite, risk management and what a risk register would look like. Positive preparatory work with the Good Governance Institute had taken place to develop and put in place clear quality assurance frameworks to help inform the work of the partnership. The chief executives of NHS Grampian and Aberdeen City Council and the chief officer of the IJB were meeting monthly to review joint performance management against a high-level matrix.

Examples of activities measured by the partnership included:

- delayed discharge

- capacity of current resources to meet need and projected demand. This data was especially critical for those staff involved in commissioning activity

- staff vacancies

- national outcomes, and

- strategic planning.

The partnership had not yet streamlined all of its performance measurement activities.

The partners were mapping information against the national indicators. This aimed to support a gap analysis exercise and look at information for localities. Although it was possible for the partnership to capture data on how they had been involved in meeting outcomes, it was not yet possible to bring this information together, for example, using information about the number of people being supported in their wish to die at home to help inform the future shape of services and support.

Aberdeen City Council had four arms-length external organisations including the adult social care and training services provided by BAC and BAC Learning and Development. There was some evidence that these contractual arrangements were not sufficiently flexible or responsive to the needs of the partnership.

Systems were in place to monitor the performance of BAC and Learning and Development. An Audit Scotland report, Audit of Best Value and Community Planning (July 2015) stated that the council needed to progress its plans to put in place systematic monitoring of its arms-length external organisations. In response to this, the governance hub met more frequently than the previous twice yearly meetings. BAC provided performance information against a set of key performance indicators. The data provided covered a large number of performance areas including the number of referrals and the use of care home placements. The partnership was beginning to analyse this information to help inform their decisions about what kind of services they needed now and in the future.

Methods used to report on performance included quarterly reports submitted to elected members. Cluster, operation and management groups in the NHS were receiving regular performance data to help influence service delivery. Social work managers met regularly with colleagues in finance to look at quality issues such as invoicing. The partnership had devolved spend to care managers. Their team leaders monitored this and the monthly commitment reports produced on expenditure to identify any budget pressures that helped inform local planning for services.

Senior social work managers had only recently started to receive weekly reports on unmet need and to collate this information. They were yet to identify targets linked to this but it was a promising start. Managers recognised they needed to ensure the information recorded was accurate so they could interrogate the information to identify, for example, the level of unmet need linked to people delayed in hospital waiting for a community support service. In respect of contract compliance of purchased services, the system in use duplicated some of the regulatory inspections carried out by the Care Inspectorate. Service providers indicated they did not find this helpful.

### 6.4  Involving individuals who use services, carers and other stakeholders

There were some good examples of involving and consulting with stakeholders. The partnership had a constructive approach to engagement. Their communication and engagement plan comprehensively detailed a programme of engagement activities and progress in implementing them. It helpfully included feedback from consultation sessions, including concerns highlighted by staff and other stakeholders that they addressed in future sessions. There was less evidence of how the partnership was using feedback to inform future strategic priorities. The partnership acknowledged that there was room for improvement in respect of user and carer participation at a locality level.

It was evident that there were some mixed views from providers on the usefulness of the provider's forum meetings, in part due to their views on the variations between current contractual arrangements. The care at home provider's forum met every two months. Providers valued the meeting as being a good conduit for sharing information, although they found the heavy focus on the management of delayed discharge left less opportunity to discuss other sector wide issues. Voluntary Services Aberdeen indicated that they were trying to get a mental health forum started to improve engagement from people with mental health issues to inform the future shape of services.

There was a joint multidisciplinary older adult psychiatry group chaired by social work. This group discussed both strategy and funding. One of the positive outcomes from this forum had been the provision of flexible respite for older people.

Staff workshops on integration had taken place. These clearly set out the vision and future priorities for the partnership. A two-day workshop in September 2015 engaged staff in developing their understanding of asset-based community development. The partnership had been taking forward this work with Nurture Development to engage with citizens and communities. Some third sector provider organisations told us they attended workshops to contribute to and comment on the strategic plan.

Whilst staff were aware of the high-level national outcomes, there was less awareness of what the impact might be on local service delivery. Though some staff were uncertain about how locality working would develop, they felt they already worked in an integrated way to support older people and carers. It was evident that staff continued to be committed to working together to build better relationships and develop the localities.

Housing issued an informative newsletter called News Bite. The sheltered housing network enabled good engagement and regular consultation with tenants.

### 6.5  Commissioning arrangements

The Scottish Government expected Integration Authorities to produce a strategic plan for all its delegated functions by April 2016 and their impact monitored by scrutiny bodies from April 2017.

The partnership recognised there were challenges in respect of the available capacity in community support services. Demand for services was outstripping supply. Whilst there was a comprehensive analysis of current and future need, the partnership had not yet created a clear plan for developing a range of service provision. The current approach was to source social care services externally with no in-house provision for older people.

The partnership in Aberdeen City acknowledged that current commissioning processes and contractual arrangements were not developing the market appropriately to respond to levels of demand. For example, some care was purchased on a block purchase basis and some care providers were only paying staff for the time they were directly providing care. This approach limited purchasing options for those older people who may wish to self-direct their support. The difference in rates charged by providers and the rate paid by the council as well as less flexibility in how time could be spent was adversely affecting the level of service individuals could afford.

The number of long stay residents living in care homes in the city had consistently remained higher than the Scottish average. However, managers described the care home market as 'fragile', with some care homes having recently decided to cancel their registrations resulting in a reduction in the number of places available. Aberdeen City Council was awaiting the outcome of the national negotiations in respect of the national care home contract and the Local Government financial settlement. This meant that care home providers had no information about the fee rates for 2016–17. In addition, providers were concerned about a lack of clarity about the implementation of the Scottish Living Wage. This was a concern nationally.

It was evident there was limited availability of specialist care home resources for older people with a diagnosis of dementia. There were delays in discharge from hospital for some older people with specific care and support needs linked to their dementia. In addition, bed-based respite within care homes which provided nursing care was all spot purchased so this was difficult to plan, reduced choice and affected continuity of care. Managers were beginning to get a clearer understanding of the factors that influenced delays in discharge from hospital and using this to work with care providers to support change.

The partnership's preparations for locality commissioning needed to be progressed. Commissioning staff advised that they were looking at how they will commission on a locality basis. However, they acknowledged that this was not well progressed as the locality structure was in development. This had limited their ability to consult with people living within those localities. In common with other areas in Scotland, the partnership had extended current contractual arrangements with providers to allow time for the development of the commissioning plan.

There had been a lot of work carried out to progress and implement the infrastructure for the integration of health and social care. Nevertheless, although there was a joint commissioning strategy in place, the joint commissioning plan and market facilitation strategy to support it was not yet in place.

## Quality indicator 7 – Management and support of staff

**Summary**

**In this section we look at how well staff are supported, managed and trained to undertake their roles in a changing culture.  We consider joint workforce planning and deployment.  Focus areas include recruitment and retention and deployment, joint working and teamwork and training.**

Management and support of staff was **ADEQUATE**.  Overall, we found that staff were working effectively together to deliver good outcomes for older people and carers. However, there were significant recruitment issues for some staff groups which was affecting the capacity and capability of services to focus on prevention, earlier intervention and reablement.

Although staff universally reported positive working relationships across the organisation, deployment was still at an individual agency level.  The partnership was at an early stage of developing joint workforce planning.

The majority of staff felt they had effective line management and had access to profession-specific supervision and appropriate training and development opportunities. The partnership was working to establish an organisational development plan to support health and social care integration.

### 7.1  Recruitment and retention

Policies, procedures and strategies for safer recruitment and the management and support of staff were robust and fit for purpose.

Joint health and social work service workforce planning was at an early stage but an organisational development plan was under development by the partnership.  In order to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the senior management team had a focus on designing new models for integrated leadership in four discrete localities across the partnership.  Their intention was to develop integrated management teams in each locality. In their position statement, the partnership recognised integration as an improvement opportunity and not simply a structural change.

Nevertheless, the lack of a clear management structure, even at this early stage of development of the health and social care partnership, was a source of frustration for many staff at different levels.  Some staff we spoke to perceived this as a lack of progress towards integration.  The partnership was working to consolidate its plans and share them with staff to minimise the impact of this significant change on the workforce.

The partnership had purposefully begun to look at a more joint and strategic approach to recruitment.  A joint human resource and workforce planning group had utilised an NHS methodology tool to develop a combined workforce profile.  A first draft of the document was with senior managers for comment and approval.  We considered this a positive approach to help define the future needs, skills mix and staffing resources of the workforce and fundamental to work already underway to construct an integrated workforce plan.

The heads of human resources from health and social work outlined a range of innovative recruitment initiatives that were underway to try to make health and social care more attractive as a career. Recruitment campaigns, career fairs and collaboration with colleges and universities had taken place. The partnership had positively considered an additional suite of incentives to attract people to the area. These included generous relocation packages, affordable housing options and 'grow your own' schemes including modern apprenticeships. Senior leaders and managers recognised that recruitment and retention was a significant constraining issue for the partnership.

The development of the wellbeing team had attracted a new group of staff to work in the community with older people. Their work with the Robert Gordon University had attracted a number of sports science students to work in placements with older people and consider a career in this area of service. This energetic team encouraged and inspired older people to participate in a range of activities that improved their health and wellbeing.

Almost all of the staff we met said they were clear about their roles, remits and responsibilities. The joint workforce planning and development group had provided the partnership with valuable input to support the development of recruitment protocols, role profiles and job descriptions for future integrated joint posts.

Frontline staff and managers attested to the ongoing challenges of recruitment and retention. This was particularly evident in professions such as social work, community nursing, allied health, general practice and care at home services (third and independent sectors). Senior managers told us that some of the reasons for this included:

- national shortages of GPs, community nurses and physiotherapists

- ageing workforce

- impact of the oil and gas industries

- higher cost of living, and

- lack of affordable housing.

There was significant turnover of staff at all levels in the partnership, exacerbated by the temporary nature of posts at service manager level and pending implementation of the new structural arrangements. Frontline staff faced daily pressures to source services and resources for older people. The partnership had approved three fixed term additional senior care manager posts to help alleviate pressure on workload within social work teams and help manage the significant changes planned for services. However, recruitment to these posts had been unsuccessful.

Both the third and independent sector care at home providers reported difficulties with increased turnover of staff and recruitment. Managers said this was more challenging in some localities that were not easily accessible for staff.

Frontline social work staff told us that some older people were on a waiting list to receive a care at home service and sometimes community nurses had to bridge the gap until services became available. Senior managers recognised they needed to do more to

improve availability of care at home support for older people. The partnership had engaged in meaningful conversations with providers to consider options such as 'zoning' areas to enhance recruitment and improve continuity of care for older people.

The partnership was developing improved new models of care in the acute hospital, and in primary care services. Liaison teams were set up to assess older people in Accident and Emergency and specialist nurses were supporting GPs to develop a 'hospital at home' initiative. We found that health staff needed more training to support discharge planning and anticipated that this would be planned jointly between health and social work partners. The modernisation of community nursing services nationally would influence a focus on prevention, anticipating care needs and supporting older people to manage their own conditions. Pharmacy champions provided peer support for community pharmacists across Aberdeen City and significant investment had taken place to upskill community pharmacists as independent prescribers.

Health and social work partners submitted absence data. Social work adult services had an absentee rate of 5.27%. These absence levels were improving but were still slightly above the council average. The Aberdeen City health services had an absentee rate of 7.67% (4.60% long-term), which was above the NHS Scotland average for sickness absence. Both health and social work services had comprehensive strategies in place to reduce absence levels and deliver on absence targets. Managers regularly monitored and reported on performance.

There was recognition within the delayed discharge performance reports that the barriers to improvement included recruitment and retention of staff and the need to develop step down services in the community. Actions identified included development of social work capacity and recruitment to a delayed discharge coordinator post. Some other measures the council was putting in place included plans to allocate empty houses and build new housing for key workers. These initiatives were at an early stage of development.

### 7.2 Deployment, joint working and team work

Resource allocation and deployment of staff were still largely at an individual organisation level. From our review of older people's health and social work services records, we saw positive aspects of joint working. The majority (82%) showed that services had worked together, for example, to provide care and support for older people at times of crisis.

Some staff said they had previously worked in co-located teams but this had ceased some time ago. As a result, they felt some of the good communication and working relationships that had developed were lost. There were only a few examples of teams based in the same building. Staff we met who were co-located said this had improved communication, enhanced information sharing and reduced duplication of work.

Overall, we found that frontline staff and NHS and social work services managers had good working relationships with colleagues across services. We met with GPs who told us about the good links they had with specialist consultants for old age medicine and psychiatry as well as social work care managers. Most were optimistic about the value of the cluster-based models under development and viewed this as a positive approach to enable older people to access care and treatment from a range of professionals at home where appropriate.

The multi-agency discharge hub, although in its infancy, was a promising initiative that evidenced effective joint working aimed at delivering person-centred care for older people in preparation for hospital discharge.  The Alzheimer Scotland dementia link workers supported community mental health teams to deliver valuable post diagnostic support for older people recently diagnosed with dementia.  Specialist consultants valued their input at ward meetings in the community psychiatric hospital.  They said this had helped improve communication and delivered consistent care for older people with dementia.

## 7.3  Training development and support

In our staff survey a clear majority of staff agreed they had access to good opportunities for training and professional development.

Health and social work services each had their own suite of training and development resources.  Staff training was, in the main, delivered separately by each organisation.  In addition, Aberdeen City Council commissioned elements of training from an external organisation, BAC.  Senior managers confirmed that this service was no longer delivering the level of specialist training they now wanted for the wider social work staff group.  Senior managers within social work assured us they were taking steps to address this.

Staff accessed training and development in a variety of ways including online, classroom and distance learning.  Some staff reported challenges attending training because of workload pressures and shift patterns.  In our focus groups with frontline social work staff, we identified gaps in specialist dementia training for a few staff and some slippage in adult support and protection refresher training.

The Adult Protection Unit had designed and delivered a comprehensive range of adult support and protection training for health, social work and third sector staff.  This included bespoke training courses for third sector groups.  Health staff in the hospital accident and emergency department had specialist training in adult support and protection.  Overall, it was positive that most of the staff we met said they had completed training in adult support and protection.  Managers acknowledged that they needed to ensure that this training was supported by continued practice support and supervision to increase the impact on staff practice.  The partnership had put in place a requirement that all staff undertook refresher training.

The partnership's approach to the development of more strategic joint training was at an early stage.  Senior managers acknowledged this as a priority area for improvement.  There were a few positive examples of joint training delivered such as in palliative and end of life care for older people with dementia and community capacity building.

The majority of social work staff told us they felt supported by managers and had access to formal opportunities for continuing professional development and regular profession-specific supervision.  Throughout the partnership, there was an expectation that one-to-one supervision for staff should be in place.  However, frontline health staff told us this was often difficult to achieve in some health areas due to workload demands and dispersed staffing arrangements.  As a result, less formal arrangements had evolved to compensate which was less robust for supporting health staff.

Both organisations had systems in place to monitor and appraise staff performance, identify training and support development needs.  Positively some staff we met had been supported to access academic courses to enhance their professional qualifications in health and social work.  We spoke to some individuals who had successfully achieved mental health officer and advanced nurse practitioner accreditation.  This reinforced the partnership's commitment to a 'grow your own' approach as part of the strategic transformation work.

**Recommendation for improvement 6**

**As part of the continued development of the new integrated arrangements, partners should develop their strategic approach to joint training and development.  This should aim to:**
- **offer opportunities beyond mandatory training**
- **include the third sector to enhance a shared knowledge of roles and responsibilities, and**
- **achieve a cohesive approach to care delivery for older people.**

## Quality indicator 8 – Management of resources

**Summary**

**In this section, we look at how the partnership manages its finances and other resources.  We focus on the general management of resources, information systems and partnership arrangements.**

Overall, partnership working was **ADEQUATE**.  Joint working between the finance teams within the council and NHS Grampian was effective.  Development of joint financial management arrangements were on target for the start of the Health and Social Care Partnership.

Health and social work services had successfully achieved required savings targets in previous years and the partnership acknowledged the need for this to continue in the challenging financial climate.  As the new integrated arrangements take shape, the partnership needs to work more closely with the third and independent sectors to deliver some of these savings through service redesign.

There was evidence of learning from initiatives supported by the change fund.  Progress had been made in allocating funding from the integrated care fund to provide continuing support further change initiatives.

The partnership had begun to address the challenges of electronic information sharing between health and social work, building on earlier developments within GP practices.  This work was at an early stage of development and would be a key area for the Integration Joint Board to progress.

### 8.1    Management of resources

### Current joint financial management

At the time of the inspection, a joint indicative budget to accompany the strategic plan had still to be finalised with the proposed total amount to be delegated to the IJB being £251.7 million.  Governance arrangements were in place that covered the IJB's devolved responsibility for these budgets.  Of this amount, £46.7 million related to amounts set aside for hospital services.  The IJB planned to finalise and approve the budget by the end of March 2016.[18]

The partnership had worked well together to align its budget setting processes and to prepare indicative financial reports for the shadow IJB that informed members about the financial position of the services to be delegated.

The partnership had established an appropriate leadership group including the directors of finance from both partners.  Part of the group's remit involved examining financial considerations for the IJB and it was developing joint standing financial instructions to govern its financial transactions.  They were on target to conclude this work in time for the IJB becoming fully operational in April 2016.

18  This had been put in place after the completion of the inspection.

The health board's director of finance was appointed as the chief finance officer on an interim basis. We concluded that although there was good joint working, it was important that the IJB put in place necessary controls in the interim period while recruiting a permanent chief finance officer. The Scottish Government's Integrated Resource Advisory Group recommended that the chief officer should consult with partners on making the best use of existing capital resources and developing capital programmes. This process was at a very early stage and an area that requires development in the future.

### Financial performance of Aberdeen City Council

Overall, the council recorded a small surplus of £3.1 million in 2014–15 against its service budget. Within the adult social care budget there was a year-end underspend of £0.5m, which represented 0.4% of the £124.3 million budget. This underspend was mainly achieved through savings that resulted from ongoing recruitment difficulties to some posts. As described earlier, the partnership had a number of initiatives to encourage staff to move to work in Aberdeen.

As at October 2015, there was a total underspend of £0.5 million (0.4%) within the adults social care budget. This was largely relating to the underdelivery of home care, unfilled staff vacancies and the higher than anticipated recovery of income from the integrated care fund, client contributions and housing benefit. The council projected a break-even position within this budget for year-end 2015–16. We acknowledged the challenges faced by the council in recruiting and retaining staff within social work services, which is discussed further in quality indicator seven.

The council projected a savings requirement of £52.6 million between 2014-15 and 2019–20 in order to maintain a balanced budget. Since the announcement of the 2016–17 settlement, the council was expected to receive a net reduction in funding of £7.9 million. The council's plan to mitigate these pressures had identified £5.9 million of potential savings requiring a council decision to consider in 2016–17, £0.7 million of which were to be delivered from the IJB budget. The delivery of these savings would require joint working with partners in the independent sector to achieve efficiency savings through service redesign. The overall impact these savings were expected to have on the revised five-year projection was unclear. However, the partnership expected the financial position to become more challenging going forward.

In 2013, the council transferred its remaining in-house older peoples social care services to an arms-length organisation, BAC Ltd. As part of the business plan creating BAC, the council had anticipated that savings of around £3.0 million would be generated over the five-year period to 2018. Although BAC had yet to deliver the anticipated savings, in 2015–16 contracting costs had been reduced delivering £0.7 million of recurring savings. In addition to this BAC had achieved a positive saving through reduced use of agency staff, which they had halved through the creation of an internal pool of staff. The council had recently introduced an improved approach to monitoring the financial governance and performance of BAC at the council's arms-length external organisations governance quarterly hub meetings.

NHS Grampian was required to meet various financial targets set by the Scottish Government, including remaining within its revenue budget and achieving a break-even position. For 2014–15, it achieved these targets and a net surplus of £0.1

million was recorded.  This was achieved through a combination of significant overspend and underspends.  There were overspends from within the acute pay bill, agency locum and agency nurse costs and GP prescribing.  These were offset by a large underspend in centrally held earmarked reserves in part related to one-off allocations of funding from Scottish Government and also challenges in staff recruitment.  The total 2014–15 surplus was then brought forward with the expectation of being utilised in full against financial pressures in 2015–16.

As at October 2015, NHS Grampian reported an overall year to date overspend of £4.5 million.  This was £0.5 million more than had been agreed with Scottish Government, per the Local Delivery Plan.  The most significant budget pressures related to the prescribing budget, both within primary and acute care and the use of agency staff to cover vacancies across all staff groups.  The board was taking action to address these areas.

Within the Aberdeen City shadow IJB area, as at July 2015, the most recent breakdown available, health related services were forecast to overspend by £0.8 million by the year-end.  It cited the high costs of GP prescribing and usage of medical locum coverage as the reasons for these projected overspends.  NHS Grampian had set up a prescribing group to explore ways to reduce prescribing costs that included encouraging GPs to prescribe more cost effective generic drugs where possible.  The impact of these actions had still to be reviewed as part of budget monitoring.

In 2014–15, overall, NHS Grampian achieved efficiency savings of £23.2 million with £5.8 million (25%) coming from non-recurring sources.  NHS Grampian had agreed a savings target of £24.9 million by the end of 2015–16.  However, as with the previous year, an element of this was to be achieved through non-recurring sources.  The partnership acknowledged that the identification and achievement of recurring savings was essential to ensure long-term sustainability of services and were working hard towards achieving this.

## Change fund and integrated care fund

The council and NHS Grampian had worked constructively with partners in the third and independent sector to help develop new models of care as part of their approach to joint commissioning of support for older people.  Their review of Change Fund projects would inform how they developed further using the integrated care fund.

Since 2011–12, the Scottish Government had provided funding to the former Aberdeen City Community Health Partnership (CHP) and Aberdeen City Council through the Change Fund.  This funding was to enable the redesign of services towards prevention, early intervention, anticipatory care and rehabilitation.  By March 2015, they had received £11.8 million in funding from the Change Fund.  The partnership evaluated initiatives funded through the Change Fund to inform their approach to redesigning services.  This resulted in a number of projects being decommissioned over the life of the fund. At the end of 2014–15, all Change Fund projects were either mainstreamed or disinvested.

The Scottish Government approved the Aberdeen City Partnership integrated care fund submission and agreed an allocation of £3.8 million annually on a recurring basis.  The partnership set up an Integration and Transformation Programme Board with part of their remit being to plan and allocate this funding.  The partnership planned to use these resources for an innovation pot, capital expenditure, community models to support frailty,

enablement and anticipatory care approaches and developments within local clinical and care leadership.  At the time of the inspection, the partnership had allocated £1.0 million of this funding across a number of projects.

**Recommendation for improvement 7**

**As part of the continued development of the new integrated arrangements, partners should put a formal plan in place that sets out the future allocation of the integrated care fund and set out clear criteria for how these projects would be evaluated.**

In addition to these strategic funds, the partnership will be allocated recurring funding of £9.5 million from the social care fund starting in 2016–17.  The partnership planned to split this funding equally between supporting existing and additional financial pressures.

## 8.2  Information systems

The partnership recognised that it needed to develop its IT systems.  It had detailed protocols to support staff in sharing of information with colleagues in other agencies.  They had developed Carefirst to support multi-agency views for primary care staff.  Some of the systems were still paper based.  Both managers and staff recognised that this inability of systems to share information easily was a barrier to good communication.  This was common across Scotland.  Staff and managers worked to ensure that this did not affect the care delivered to older people and achieving positive outcomes.  For example, the acute and primary care information-sharing portal in health services worked well, supporting staff to access and share information electronically.  They recognised the additional barriers currently in place and the need to improve the development of these systems.

The partnership also appointed external consultants with a brief to review the current systems and generate options for the partnership to consider.  The consultants had a clear plan to achieve this within set timescales.  Positively, this would allow the Aberdeen partners to agree a future approach with short and longer-term goals for improvement.  Partners were realistic that an incremental approach would be required to drive improvement while recognising financial and organisational challenges may restrict their ambition.

The chief officer acknowledged that protocols in place to ensure the secure sharing of information needed reviewed.  Staff told us some of the processes to ensure personal information was secure had added additional steps to the transfer of information by email.  Many staff in the council did not have secure email with which to receive information easily, about people they were working with directly.  Likewise, some colleagues in health had differing access to key information.  The partnership was working to improve electronic information sharing and access further.

Single Shared Assessments (SSA) were held on the social work system and included information from colleagues in health.  Health and other specialist staff could contribute to the SSA.  These were often paper rather than electronic systems.  Health electronic systems were not part of a single cohesive system and some work was being undertaken by partners to try to rationalise some of these and to make access more consistent for a range of staff.  Staff that were co-located, whilst not able to access each other's systems, found sharing office premises had improved communication.

Healthcare and social work systems had the ability to generate performance information and generate reports for the Scottish Government.  Managers within the partnership were able to see performance data and senior managers were able to access high-level reports regularly.  Managers told us that there had been an improvement in sharing information and that this was now more effectively informing planning.  We saw limited evidence of this.

The partnership had not yet developed a complete suite of joint performance information but had been able to report on key areas.  The partnership was well placed to make further progress.  Partners reviewed some information including information on people whose discharge from hospital was delayed, and this informed actions to address particular issues or current concerns.  This was beginning to help the partnership target resources to reduce delays.

## 8.3  Partnership working

The partnership had adopted the Body Corporate model for the integration of health and social care.  The partnership had consulted widely on the draft of the strategic plan 2016–19.  This plan incorporated the Aberdeen City and NHS Grampian corporate plans and jointly reflected the priorities of the respective organisations.  There was a clear emphasis on developing locality based services included in the plan.  The partnership was in the process of setting up planning groups in the four localities in order to develop support based on community priorities.  The final plan would reflect the key priorities of the Aberdeen City single outcome agreement, which was due to be finalised at the time of the inspection.

The partnership's integration scheme, which was approved by Scottish Ministers, included the following services within the health and social care partnership:

• primary care health services

• some secondary care services provided in the community including mental health services and palliative care, and

• social work services for adults.

The partnership will also host the geriatric and rehabilitation hospital-based services although these would continue to be managed by NHS Grampian.

The shadow IJB had been operational since January 2015.  In April 2016, the partnership was formally established.  There was service user and carer representation on the IJB.  The strategic planning group membership included third and independent sector representation as well as officers from Aberdeen City Council and NHS Grampian.

The partnership's chief operating officer placed a strong emphasis on the governance and quality assurance responsibilities of the IJB.  Its work with the Good Governance Institute had brought independence to the process of developing the board and their roles.  The draft 'maturity matrix' set out clear indicators for progress by the IJB, in terms of their support to the development and improvement of quality and care governance within service areas.  The three Grampian health and social care partnerships were working well

together to ensure their integration schemes, strategic plans and financial arrangements were broadly consistent.

Although there was a strong history of partnership working, a joined up approach to managing resources was still developing.

Cluster management groups were effective in bringing health and social work together to improve links between primary care and hospital based services as well as individual needs.  This was helping find joined up solutions to the care of older people in their communities.

**Example of good practice – The Health and Care Village**

**The Health and Care Village in the city was a good example of joint working in the partnership.  The project was described as a pivotal point for older people to access preventative advice and interventions.  There were health and carer advice points, a techno gym with support for users and access to allied health professional services within the one venue.  Older people and their carers spoke positively about how the Health Village had helped them access information and services.**

## Quality indicator 9 – Leadership and direction

**Summary**

**In this section, we consider the quality of leadership in the partnership. We look at how corporate leadership drives the vision and culture, and communicates this to its workforce and wider stakeholders. We consider how effectively the leadership of cultural change and improvements are driven by practice and secure better outcomes for individuals.**

Leadership and direction was **ADEQUATE**. The partnership had a clearly articulated vision for older people's services within its strategic plan although it still had to set out the actions that would ensure this plan was implemented. The partnership was engaging well with key stakeholders including local communities, staff and partner services. There had been effective engagement with staff to involve them in the planning and development of services. Senior managers acknowledged that this needed to be a continuous process to keep staff informed and engaged in the change and improvement processes. The partnership required to improve its collection and analysis of performance information to inform change and improvement.

The development of a locality-based model was underway but needed greater impetus through the appointment of the next tier of the management team to support implementation of the new ways of working in Aberdeen City. This included the need to improve engagement of clinical managers. Although there was effective clinical leadership, clinicians required more support to take a leadership role to be successful in delivering the partnership's ambitious change agenda.

### 9.1 Vision, values and culture

The chief officers in NHS Grampian and Aberdeen City Council as well as the chief officer for the partnership were all relatively new in post but were working together to shape services based on the views of the totality of the Aberdeen population. The community planning partnership was refreshing its vision for Aberdeen. It planned to produce a new single outcome agreement by the summer 2016 that set out the strategic vision and informed the work of all key partners.

The health and social care partnership had set out its vision for the future health and wellbeing of their communities. They outlined their vision as being 'A caring partnership working together with our city communities to enable people to achieve fulfilling, healthier lives'.

The partnership had a clearly articulated view of how they would lead change and development in Aberdeen City. Positive attempts had been made by the chief officer and the management team to build on the areas of strength in joint working, starting from a strong base of partnership within the GP cluster arrangements. Some clinicians we met were very clear about their clinical leadership within their particular services. However, they were less clear about how they would contribute to a more joined up system in the future.

The partnership had made considerable efforts to communicate its vision for health and social care integration to people who use health and social care services, staff and the wider public in Aberdeen. It did this through both large-scale community events and more bespoke consultations. The partnership's vision and stated values included a strong commitment to the promotion of responsibility and choice for individuals, which were beginning to be embedded in policies and procedures and staff working practices across the partnership. This vision reflected the collective ownership of all key partners.

Stakeholders had the opportunity to give their ideas about how the partnership could deliver health and social care services in Aberdeen. The city was facing the prospect of an increased number of older people with complex health and social care needs at a time of financial challenge and uncertainty and the partnership was positively engaging with key stakeholders to help inform these hard decisions.

Many of the partnership's staff we met were optimistic and enthusiastic about health and social care integration. Managers had clearly articulated the vision to staff and the wider stakeholder community. A number of staff briefings and engagement events had taken place involving several hundred staff. Senior managers were clearly promoting the importance of professional leadership across the partnership with clinical leads and the chief social work officer included as members of the IJB.

Staff also had reservations about how the changes would happen and how these would affect them and their work. Many hoped that integration would solve previously intractable problems like information sharing between health and social work services staff that sometimes led to duplication of effort. The partnership knew it needed to continue to encourage ownership of its vision and help partners to see how integration would benefit the population of the city. Our staff survey showed that 47% of respondents agreed or strongly agreed that there was a clear vision for older people's services with a shared understanding of the priorities. Just over a quarter disagreed or strongly disagreed and 9% indicated that they did not know.

### 9.2 Leadership of strategy

The shadow IJB operated effectively for a year and this had helped smooth the transition to the IJB. There were good relationships between board members, and they were all unquestionably committed to effecting health and social care integration. Elected members and NHS board members had worked with the chief officers and been supported by the Good Governance Institute to establish good working relationships. Members of the IJB acknowledged that they needed to develop their leadership and governance skills further.

Senior managers within the partnership along with IJB members recognised they needed to drive forward the integration of health and social care. While recognising the significant changes that were needed, they had set a manageable pace and worked with staff and communities to test changed working practices before implementing those that worked best.

We asked staff if the vision for older people's services was set out in comprehensive joint strategic plans, alongside strategic objectives with measurable targets and timescales. Just over half the staff (54%) agreed with this. Bulletins and newsletters aimed to keep staff informed and engaged with developments.

GPs, consultants and other doctors exercised effective clinical leadership for the work of the health and social care partnership. The clinical director for the partnership was a member of the IJB and a GP represented the views of GPs. Some clinical leads we met were not engaged with developments within the health and social care partnership. More work was needed to support clinicians to take a leadership role for the delivery of the partnership's ambitious change agenda. One area for improvement continued to be reducing the number of older people whose discharge from hospital was delayed. A rapid improvement event and scoping exercise had enabled the establishment of the delayed discharge group that was beginning to show an improved response to reducing delays. This work was beginning to inform engagement with partners to update commissioning approaches.

## 9.3 Leadership of people

Senior managers were accessible, made clear attempts to engage with frontline staff and understood how staff felt about changed ways of working. In the main, we found that staff felt valued and supported by frontline managers. However, the gaps in available care provision and the constant struggle to secure services for older people and their carers could be demoralising for staff.

There were a number of temporary and acting up arrangements in place at middle manager and head of service level in adult social care. This had had an impact on staff and created gaps in continuity of service and support. There had been an adverse impact on the services in the run up to health and social care integration. Senior managers recognised that they needed to do more to support a collective responsibility for improving the quality of adult support and protection across all agencies involved in public protection. Senior managers were seeking to be more proactive to support staff and managers as they considered and implemented changes.

We recognised that the partnership was working hard to deliver some very significant reforms, however we considered that the partnership needed a greater impetus to create a more settled structure. This was critical for the partnership's drive to construct an integrated health and social care service that would deliver positive outcomes for older people and their carers in Aberdeen City.

**Recommendation for improvement 8**

**As part of the continued development of the new integrated arrangements, partners should set a clear timetable to agree and implement the structure for locality management teams.**

From our staff survey and the staff we met, it was clear that the majority of staff in both health and social work services had good professional relationships with each other. In our staff survey, most staff said that joint working was supported and encouraged by managers.

## 9.4 Leadership of change

Senior managers within the partnership demonstrated their ability to lead change initiatives. They recognised the need to support front line managers to improve their understanding and interrogation of quality assurance information and were developing a mentoring approach. Some early examples of this data informed approach were the partnership's efforts to understand the causes and bottlenecks that created delays. This included setting up a delayed discharge group and looking at managing staff vacancies within their own and commissioned services.

Senior managers agreed that more work was needed to develop services such as hospital at home and a more streamlined intermediate care service. This would help ensure that vacant care home beds were used effectively and care staff appropriately trained to provide rehabilitation and support.

A considerable amount of data about services was being gathered. Senior managers regularly reported on high-level performance using performance dashboards. We did not find that this was always analysed by service managers to inform service quality and areas for improvement. Some managers were not clear about how to use the information to inform change and improvement. Managers did not yet get information that supported them to deliver on expectations about quality and improvement. Nor did they have time to analyse the information to inform and plan the future shape and delivery of services.

We were satisfied that senior managers were setting an achievable pace of change that aimed to bring staff and communities along with them. The organisation THRIVE[19] was appointed to facilitate the redesign of services that helped create a culture to transform health and social care in Aberdeen City.

The work with THRIVE was beginning to prioritise locality planning. This work now needed to be supported by the implementation of the locality management structure that ensures sufficient capacity for putting changes in place. The partnership had made effective use of a wide range of improvement methodologies and tools. They had trained staff in lean methodology, used this effectively at rapid improvement workshops to deliver change and improved practice. This work had been supported effectively by external agencies to deliver incremental improvements.

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19 THRIVE is the trading name for Taylor Haig, who work with business, charities, government, and local communities to tackle challenges and empower people to change the way they work.

## Quality indicator 10 – Capacity for improvement

**Summary**

The Aberdeen City Health and Social Care Partnership delivered good outcomes for many older people.  The partnership's efforts to build community capacity and enhance individual wellbeing had helped many older people lead healthier and included lives.

The partnership was building on the work it had started to reduce the number of people whose discharge from hospital was delayed.  Completing carers' assessments and providing support to those carers who need it should be given greater priority.

The leadership within the partnership clearly supported staff to be engaged in informing continuous improvement in the Aberdeen area.  The partnership needed to consolidate its management team to implement the new structure and ways of working to deliver its aspirations.

We considered that the partnership had set a clear agenda to drive the health and social care partnership and deliver the required improvements as it goes forward.

### 10.1  Judgement based on an evaluation of performance against quality indicators

#### Improvements to outcomes

We concluded that the partnership had the potential to develop further and have a positive impact on the lives of older people and their carers.  It was beginning to consolidate responses to reducing the number of people whose discharge from hospital was delayed through joint working with providers in the third and independent sector as well as between health and social work.

A number of locality based and partnership wide planning groups showed a commitment to driving service change and improvement across the partnership.  These groups reported on progress of the various developments and changes to processes as they were implemented.

Older people who used services and their carers were represented on the IJB and locality planning groups.  A wide range of community based activities encouraged older people to maintain active links in their community.  The health and social care partnership's joint strategic plan was clearly linked to the national wellbeing outcomes.

#### Effective leadership and management

Senior managers had an effective approach to engagement and communication that helped staff contribute to the developing partnership.  A number of senior staff were working in temporary posts until the locality structure was developed and agreed. These managers were working hard in complex roles that maintained services but also worked towards new ways of working.  In the main, they were rising to these challenges.

However, the continued impact of lack of staff capacity within frontline services meant that developing the workforce to deliver these new ways of working whilst maintaining

standards of practice will continue to be a considerable challenge for managers into the future.

Joint financial governance arrangements were in place and an indicative budget agreed for the first year of the health and social care partnership.

### Effective approaches to quality improvement

The partnership had taken a measured approach to developing the IJB, taking time to ensure that it was clear about its role and function. The partnership was developing its understanding of the performance reporting requirements that would support the IJB to monitor how well it is delivering improved outcomes for its communities.

Work with the Good Governance Institute and the associated self-assessment work, including the maturity matrix, was helping the partnership understand and plan for future developments.

Service managers had a range of performance information made available to them. Newer and temporary managers were being supported to understand how to use the information to support continuous improvement.

The partnership needed to ensure it developed a joint performance framework and reporting mechanism that enabled it to measure and analyse performance effectively to inform future development. Its internal quality assurance was not sufficiently robust. Whilst recognising the partnership responded quickly and effectively to review practice following concerns raised about adult support and protection, our findings illustrated a lack of oversight and support to staff and adults at risk by senior managers.

### Health and social care integration

We considered that the partnership was taking forward health and social care integration that built on their good foundation of joint working. The principles of service user and carer focus were clearly set out in its plans along with the focus of shaping support around communities to improve outcomes. However, we found that more work was needed by the IJB to ensure effective engagement with carers.

The health and care partnership had made good progress with establishing an effective governance framework that was clearly understood by the IJB. These were clearly set against an integrated structure focused on locality.

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**What happens next?**

We will ask the Aberdeen City Partnership to produce a joint action plan detailing how it will implement each of our recommendations.  The Care Inspectorate link inspector, in partnership with Healthcare Improvement Scotland colleagues, will monitor progress.  The action plan will be published on www.careinspectorate.com and http://www.healthcareimprovementscotland.org/.

Based on the findings of this inspection, we would want to revisit the partnership within 12 months of the publication of this report.  This will be so that the Care Inspectorate and Healthcare Improvement Scotland can be assured that the significant issues in relation to adult support and protection have been fully addressed.

**September 2016**

**Emergency admissions of older people (Information Services Divison)**

Chart 1



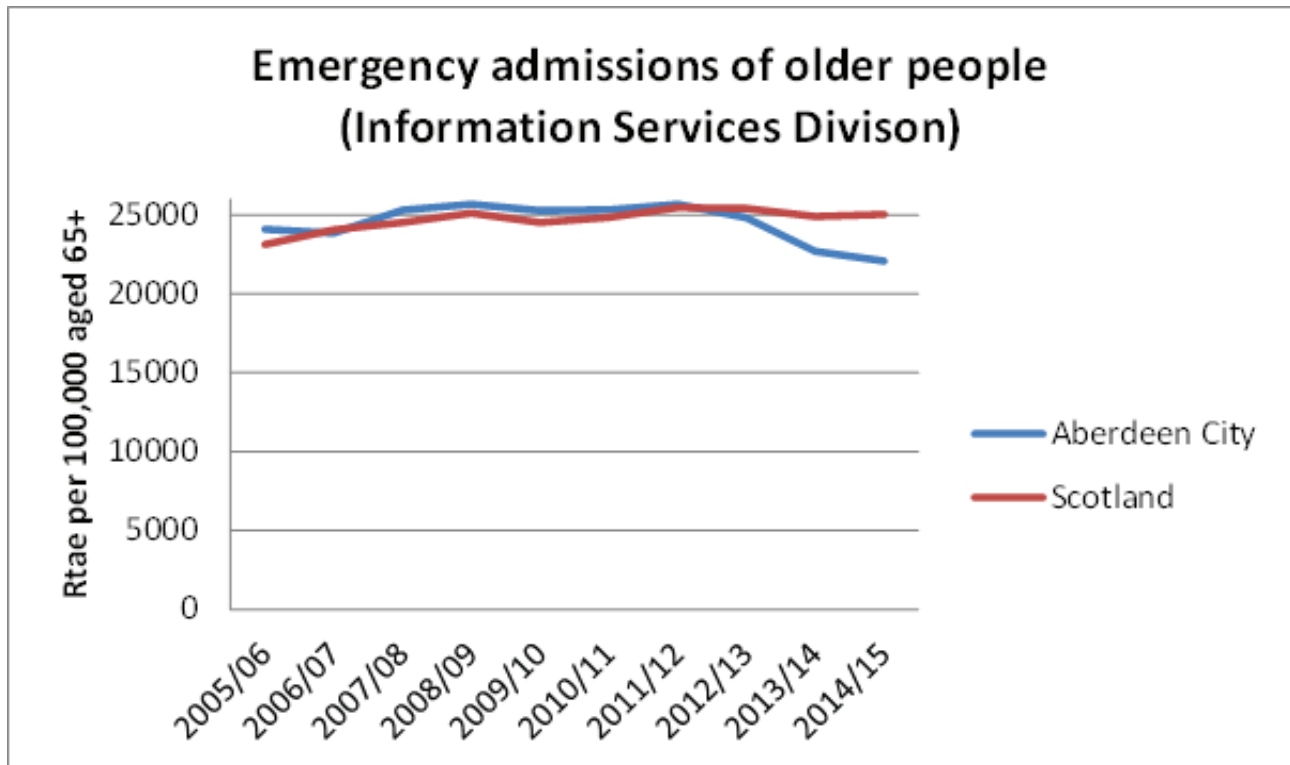**Aberdeen City, standard delays** *(source Information Services Division)*
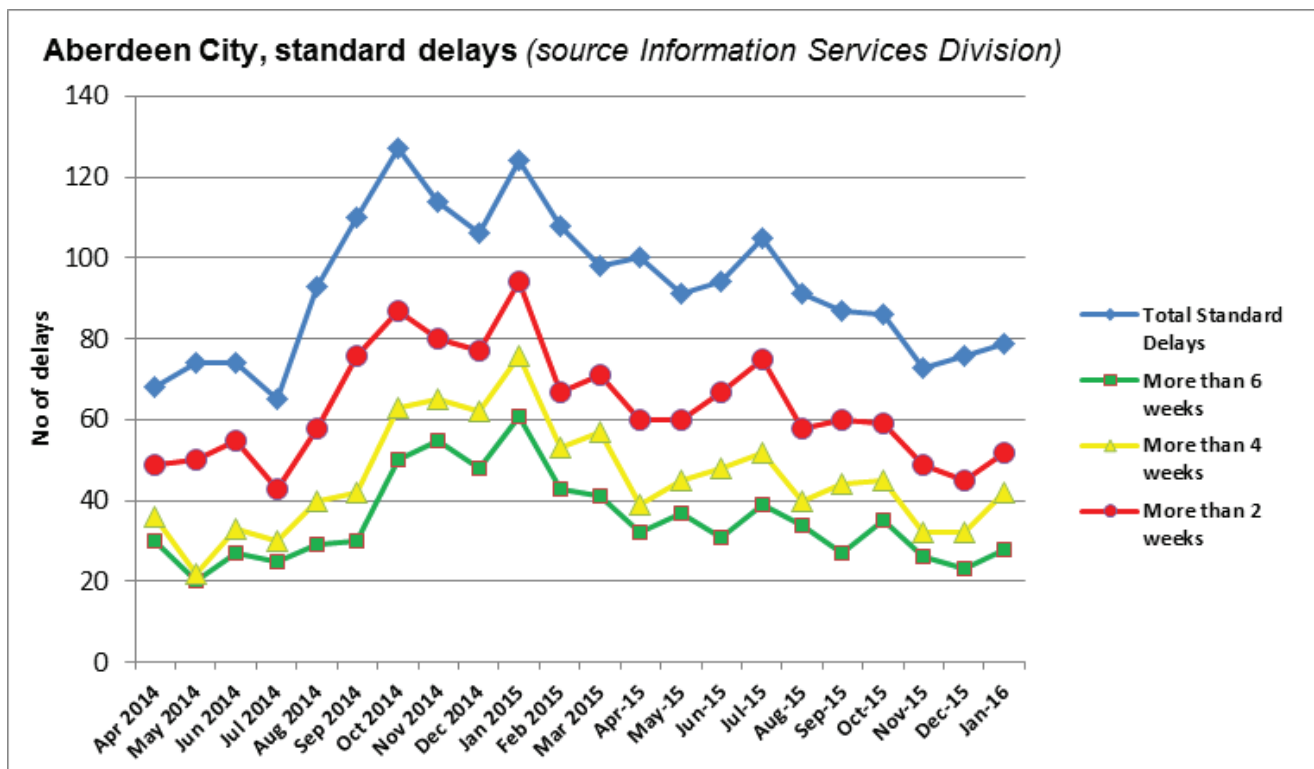
Chart 2

**Aberdeen City, reasons for delays over two weeks duration** *(source Information Services Division)*

Legend:
- Other
- Healthcare Arrangements
- Awaiting place availability in a care home
- Awaiting funding for a care home placement
- Patients waiting to go home
- Community Care Assessment reasons
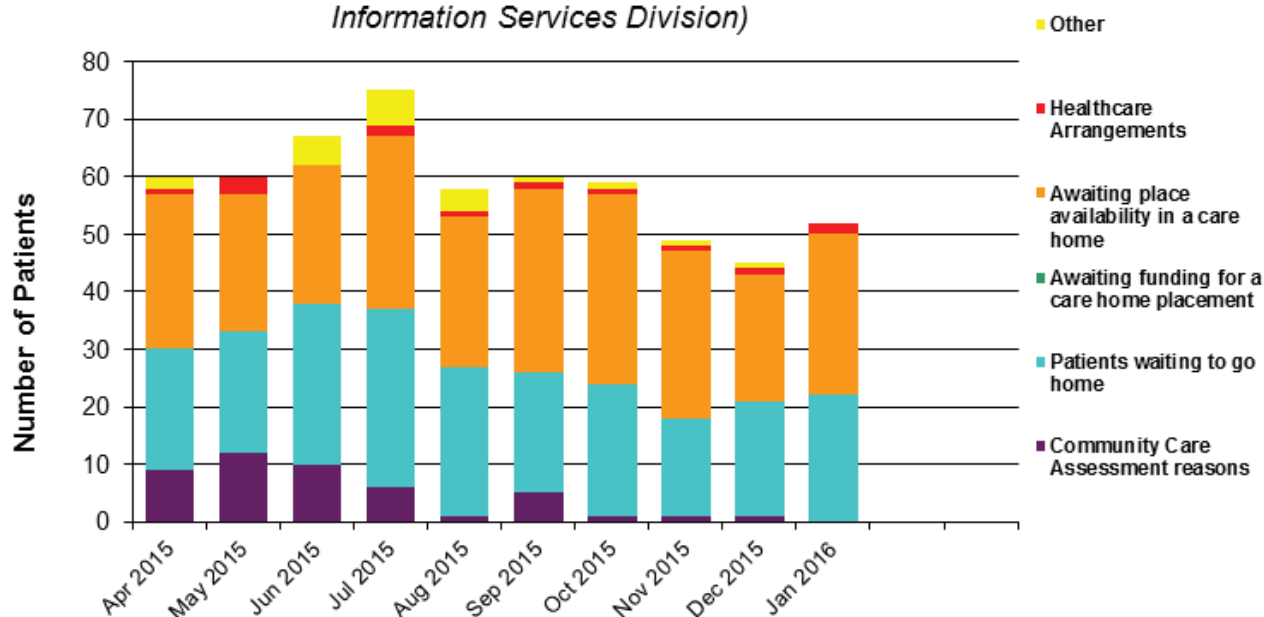
Chart 3



**Bed days lost to standard delays (source: Information Services Division Scotland)**
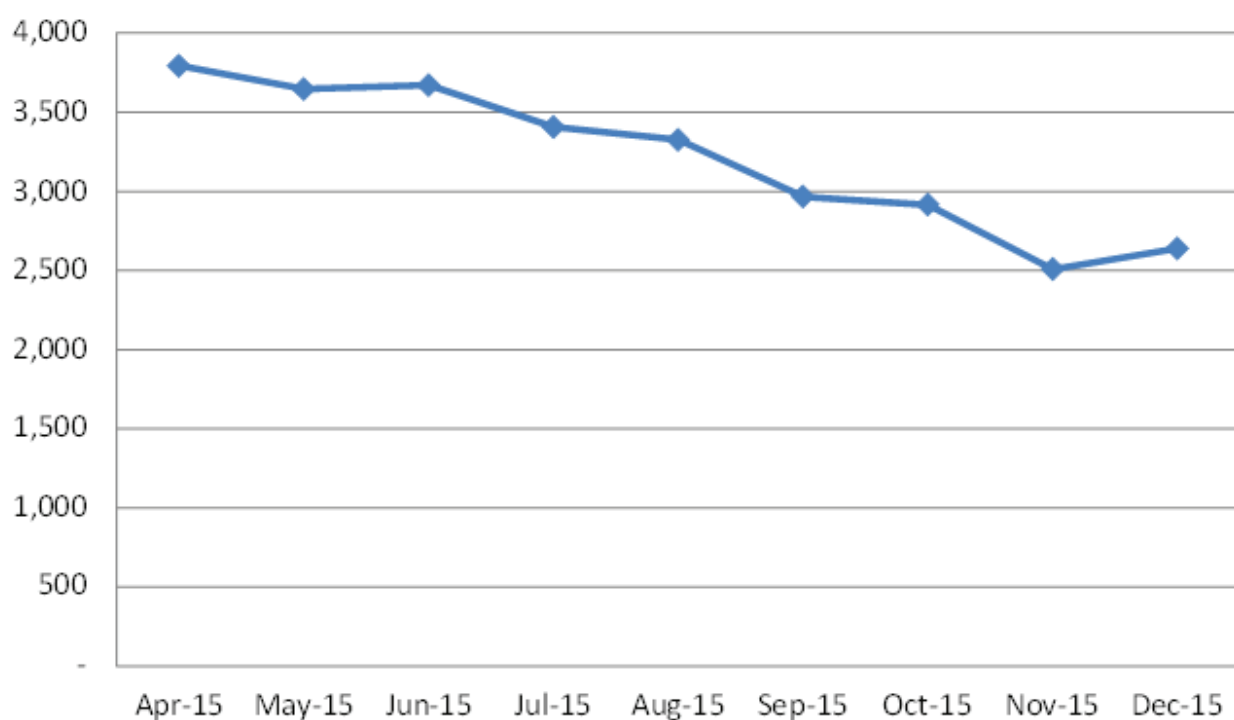
Chart 4

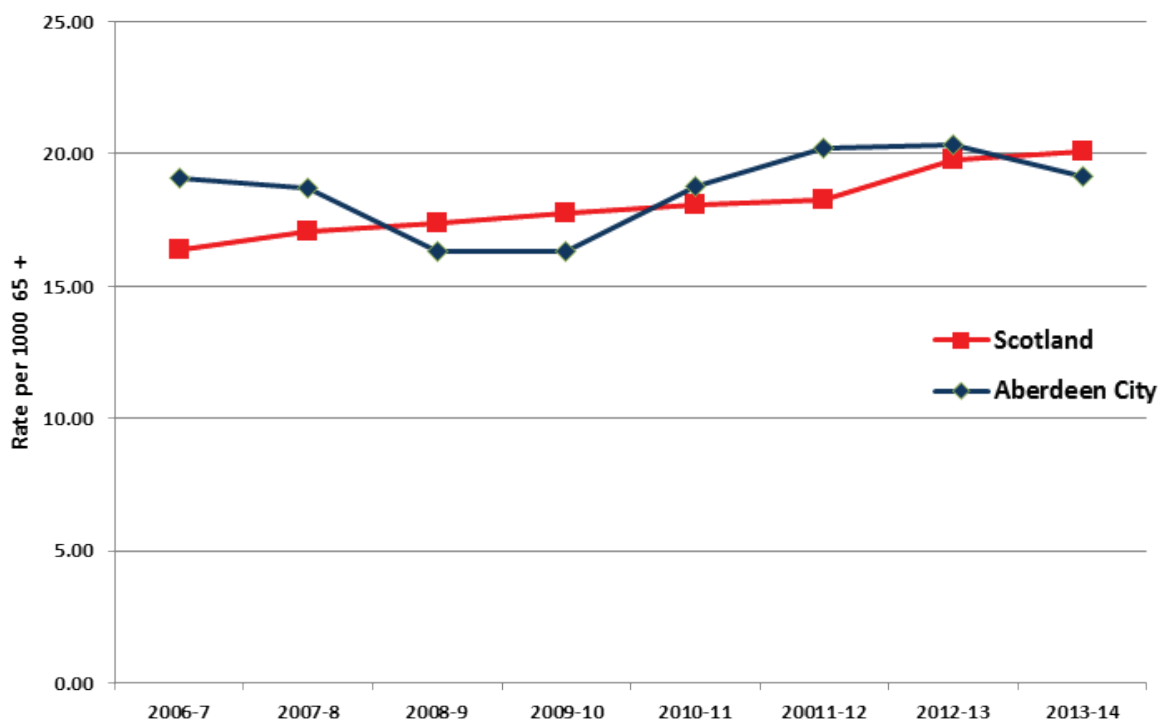**Emergency admissions due to older people falling** *(source Informaiton Services Division)*



Chart 5

**Long term stay care home residents aged 65+ supported, 2002/03 - 2013/14 (rate per 1,000 population)**

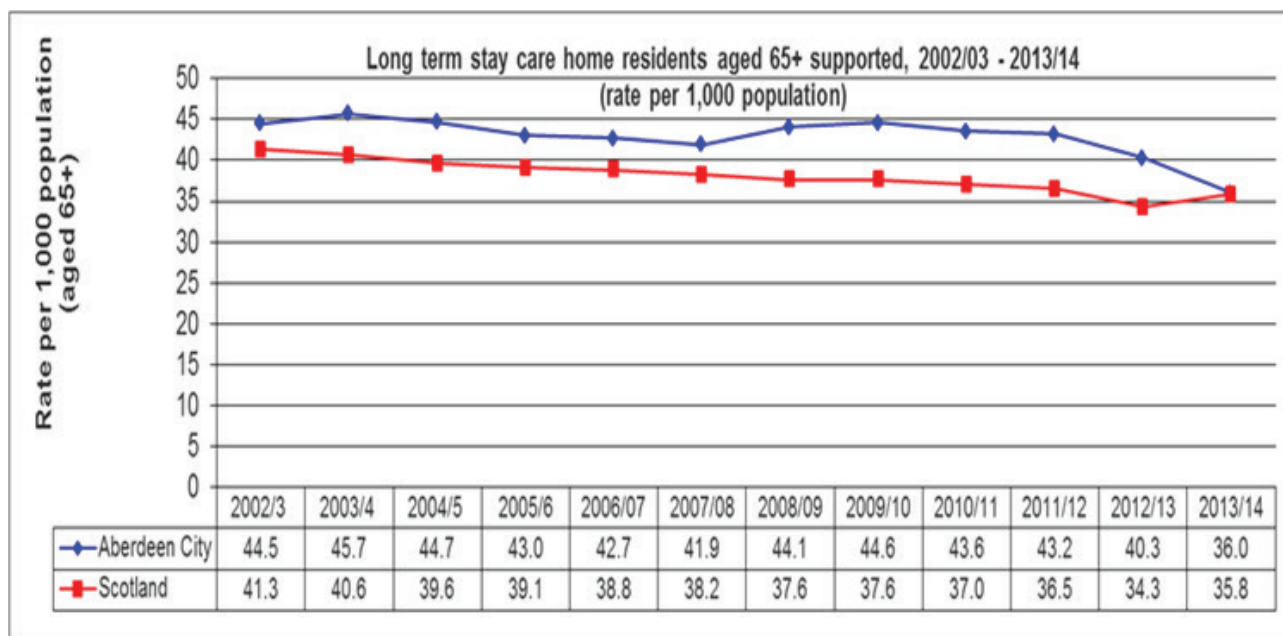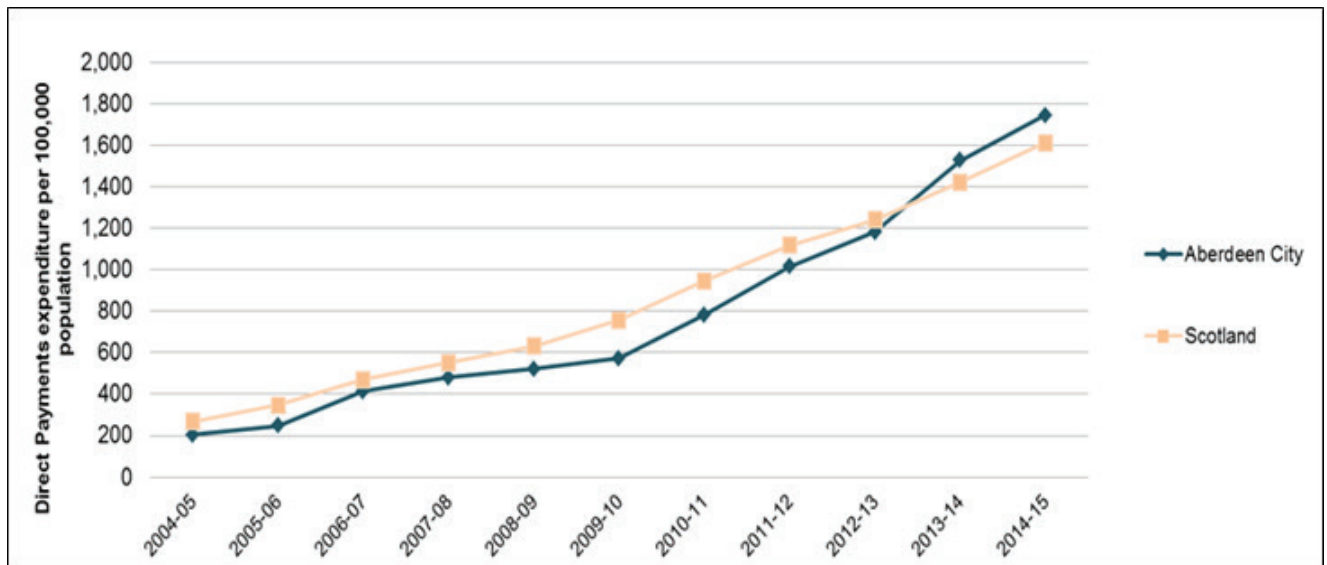| | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aberdeen City | 44.5 | 45.7 | 44.7 | 43.0 | 42.7 | 41.9 | 44.1 | 44.6 | 43.6 | 43.2 | 40.3 | 36.0 |
| Scotland | 41.3 | 40.6 | 39.6 | 39.1 | 38.8 | 38.2 | 37.6 | 37.6 | 37.0 | 36.5 | 34.3 | 35.8 |

Chart 6

**Number of clients per 10,000 population with direct payments packages in Aberdeen and Scotland, financial year 2014-15 (source Scottish Government)**



**Chart 7**

## Appendix 2 – Quality indicators

| What key outcomes have we achieved? | How well do we jointly meet the needs of our stakeholders through person centred approaches? | How good is our joint delivery of services? | How good is our management of whole systems in partnership? | How good is our leadership? |
|---|---|---|---|---|
| **1.  Key performance outcomes** | **2.  Getting help at the right time** | **5.  Delivery of key processes** | **6.  Policy development and plans to support improvement in service** | **9.  Leadership and direction that promotes partnership** |
| 1.1  Improvements in partnership performance in both healthcare and social care<br><br>1.2  Improvements in the health and well-being and outcomes for people, carers and families | 2.1  Experience of individuals and carers of improved health, wellbeing, care and support<br><br>2.2  Prevention, early identification and intervention at the right time<br><br>2.3  Access to information about support options including self directed support | 5.1  Access to support<br><br>5.2  Assessing need, planning for individuals and delivering care and support<br><br>5.3  Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks<br><br>5.4  Involvement of individuals and carers in directing their own support | 6.1  Operational and strategic planning arrangements<br><br>6.2  Partnership development of a range of early intervention and support services<br><br>6.3  Quality assurance, self-evaluation and improvement<br><br>6.4  Involving individuals who use services, carers and other stakeholders<br><br>6.6  Commissioning arrangements | 9.1  Vision ,values and culture across the Partnership<br><br>9.2  Leadership of strategy and direction<br><br>9.3  Leadership of people across the Partnership<br><br>9.4  Leadership of change and improvement |
| | **3.  Impact on staff** | | **7.  Management and support of staff** | **10.  Capacity for improvement** |
| | 3.1  Staff motivation and support | | 7.1 Recruitment and retention<br><br>7.2  Deployment, joint working and team work<br><br>7.3  Training, development and support | 10.1  Judgement based on an evaluation of performance against the quality indicators |
| | **4.  Impact on the community** | | **8.  Partnership working** | |
| | 4.1  Public confidence in community services and community engagement | | 8.1  Management of resources<br><br>8.2  Information systems<br><br>8.3  Partnership arrangements | |

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# Joint Inspection Services for Older People - Recommendations for improvement

1. **The partnership should increase the pace of its development of sustainable joint approaches that help to support improvement to:**
   - deliver the Scottish Government's delayed discharge target of no delays
   - over two week duration, and ensure fewer older people experience delayed discharge from hospital.

2. **The partnership should work with carers and those services that support them to ensure that:**
   - carers are routinely offered a carer's assessment
   - carers' assessments are completed for those carers who request them
   - offering and completing carers' assessments is clearly documented, and revisions to future formats for carers' assessments take into account new carers legislation.

3. **The partnership should ensure that:**
   - pathways for accessing services are clear
   - eligibility criteria are applied consistently across services, and
   - waiting lists are monitored to manage the allocation of pressurised resources equitably.

4. **The partnership should work with the Aberdeen City adult protection committee to support improvement in adult support and protection by:**
   - including timescales for all partners for the completion of all stages within the adult protection processes
   - providing oversight of progress of action plans completed from audits, and
   - providing oversight and quality assurance of any action plan resulting from the commissioned review of adult support and protection**.**

5. **The partnership should take action to ensure that frontline staff are supported to complete initial inquiries, risk assessments and risk management plans timeously.**

This action should include:
   - working alongside Police Scotland to develop a joined up approach for completing inquiries
   - streamlining its risk assessment frameworks, and
   - ensuring that risk assessments and risk management plans are completed and actioned.

6.  **As part of the continued development of the new integrated arrangements, partners should develop their strategic approach to joint training and development. This should aim to:**
    *   offer opportunities beyond mandatory training
    *   include the third sector to enhance a shared knowledge of roles and responsibilities, and
    *   achieve a cohesive approach to care delivery for older people.


7.  **As part of the continued development of the new integrated arrangements, partners should put a formal plan in place that sets out the future allocation of the integrated care fund and set out clear criteria for how these projects would be evaluated.**


8.  **As part of the continued development of the new integrated arrangements partners should set a clear timetable to agree and implement the structure for locality management teams.**

# Annual Performance Report 2015/16

**Working together** for your **five star** service

Bon
Accord
Care

# Highlights

## 6,183
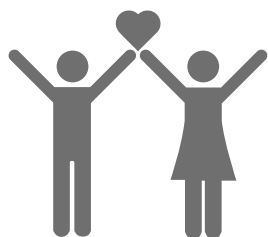Personal care hours delivered per week

## 2,302
Number of tenants to receive housing support per week

## 4,122
Supported through Occupational Therapy

## 16,722
Hours of delegate training delivered

**Launched Dementia Ambassador Programme**

**300 Residents Supported Daily by Care Staff Trained in Enablement**

**15% increase in Care Inspectorate Grades**

**Events & Wellbeing Team Awarded Bronze Healthy Working Lives**

## 2 Day
Reduced Sickness Absence

## £1M
Reduction in Cost of Service Delivery

## 42%
Reduction in Overtime

We are a Living Wage Employer

# Contents

Bon Accord Care

# Chairman's Message

Welcome to the 3rd Annual Performance Report from Bon Accord Support Services and Bon Accord Care.

We aim for the report to be informative and to highlight our success and achievements across the past year.

**Graham Parker, Chairman**

Our job is to provide a personalised, high quality and forward thinking service which responds to the needs of all our stakeholders within the arena of Older People Health & Social Care Services. The landscape in which we operate is changing and we are adapting. We continue to look at innovative ways to provide services, to align with the key strategic drivers of our stakeholders and to deliver value for money.

Our Annual Performance Report details how we have achieved this. Highlights will include the introduction of a new service designed to meet low level needs, the partnership working we are actively involved in across the city and the real financial contribution we have made through efficiencies and innovation.

We continue to place a significant value on our staff team. We have achieved the Bronze Award for Healthy Working Lives and we have Living Wage accreditation. It is vital to us that our staff team are engaged, informed and contributing to the company. This is evident from the achievements we have made.

On behalf of myself and the Board we would like to pay tribute to Sandra and to all our staff who make up Bon Accord Care. It is their drive, commitment, and delivery of quality services to some of the most vulnerable people within the city, that is the real achievement.

We hope you enjoy this summary of our past years performance, and that you will join us in celebrating the success of Bon Accord Care.

# Managing Director's Message

This year is an accumulative picture that reflects the commitment and hard work of the team in delivering more with fewer resources, and through creating innovative solutions.

**Sandra Ross, Managing Director**

Looking back over the past year we have achieved both operational and financial success. Our company has matured and many of the common issues in new company start-up have been addressed, facilitating a time of investment, growth and rewards.

Key highlights have been the increase in our Care Inspectorate grades, the accelerated growth of our Support Pool and the successful embedded approach to enablement. We are ready to build on this progress and move Bon Accord Care forward. Our new company branding reflects this and is the next step on our journey. The change in branding highlights that we have matured, yet maintained a strong link to the past, and have a desire to work in partnership to shape the future.

We face the same challenges as any other company in the private, public or third sector and have experienced many changes within the environment in which we operate. Pressure on public funding, an increased demand on services with fewer resources available, and the establishment of Aberdeen City Health & Social Care Partnership (ACHSCP) brings the rate of change ever faster.

We have adapted, improved and become more efficient; ready to embrace these changes, and to look to the future. As I look back, I cannot help but feel a sense of pride in the staff team which makes up Bon Accord Care. Each and every one is an important cog in our wheel of delivery and I am privileged to lead a team which has service users at the heart of everything we do.

# Who We Are

## About us

Bon Accord Support Services (BASS) and Bon Accord Care (BAC) are local authority trading companies owned by Aberdeen City Council (ACC). Bon Accord Care contracts directly with BASS which commissions directly with Aberdeen City Council. For operational purposes, we use Bon Accord Care as a collective term to reflect both companies. Operationally, we work with our key partners Aberdeen City Council (ACC) and Aberdeen City Health & Social Care Partnership (ACHSCP) to deliver a range of services across Aberdeen. These focus on Older People Health & Social Care services, providing support and encouragement to enable them to live as independently as possible, today and in the future.

**Our Core Values are:**

'Service, Quality and Value with Integrity, Pride and Innovation.'

**Our mission is that:**
'we work together to provide your 5-star services.'

## Our Key Strategic Aims Are:

❶ Delivering on our core business.

❷ Maximising efficiency and quality of services delivered.

❸ Commencing innovative services at an early intervention stage to reduce demand on more complex services.

**We have an important role to play in enhancing lives and wellbeing; all that we do matters.**

## Our Resources

The majority of our income is from delivery of commissioned services with a turnover of £26 million. Being a company which is based on service delivery, our largest expenditure is in staffing costs, which accounts for 87% of the total. We have a very lean management and business support function with overheads being carefully monitored and managed. We recognise as a company that there will be continued pressure on public funding, and understand the role that we must play in reducing expenditure and exploring other avenues of income generation. To this end, we have achieved direct trading in this year that accounts for 3% of other operating income.

**£677K**
Other Operating Income

**£26M**
Commissioned Services Income

**£73K**
Commercial Income

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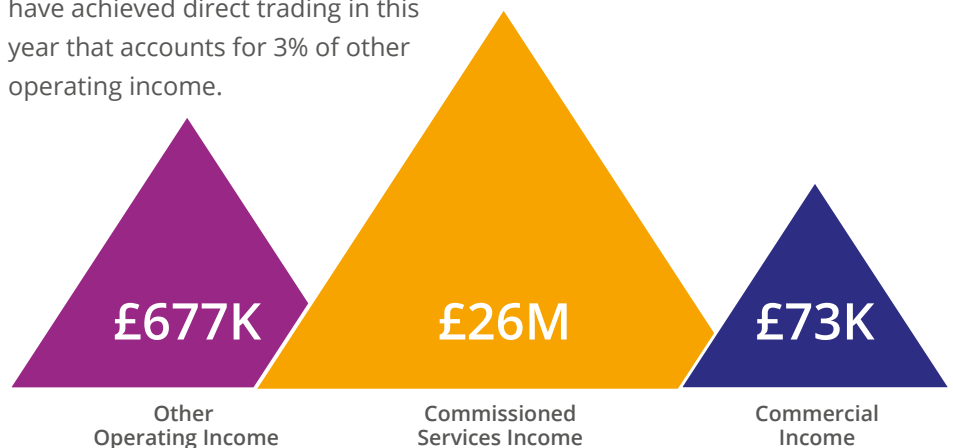
Bon Accord Care

# Who We Are

## How We Report

The joint Bon Accord Care Board meets eight times per year for general business. The Board is comprised of the Chairman, Managing Director, Finance Director and four Non-Executive Directors. Its members are the same since inception.

Reports are prepared for the Board which reflect financial, operational, personnel, risk and health & safety information.

Reports and information relating to service specifications are also shared with Aberdeen City Council and

ACHSCP on a weekly and monthly basis. An annual performance report is presented to full Council by the Managing Director.

Our care services are heavily regulated and regular inspections are undertaken by the Care Inspectorate, Fire Service and Environmental Health.

**BASS & BAC**

- Statutory Regulators
- ACHSCP
- ALEO Governance Hub
- Care Inspectorate
- ACC Commissioners
- Full Council & Shareholders

## Governance

The Directors are legally accountable to the shareholder (Aberdeen City Council) for the operations of the company. They are responsible for setting the strategy, as well as the operational decisions that will meet our objectives.

Four times a year the Executive Directors report on the financial, operational, risk and health & safety information to the Arms Length External Organisation (ALEO) Governance Hub providing assurance of strong and effective

governance at a company level. This, in turn, gives assurance to members of the Audit, Risk and Scrutiny

committee, as well as to members of the relevant service committees.

# Who We Are

## Our Work

2015/16 has proved to be a positive year in terms of financial and operational performance.



**Hillylands Independent Living Centre**

We have remained focused on our strategic aims and delivered on our contractual arrangements. We continue to work positively with our key stakeholders to align ourselves with their priorities which will achieve positive outcomes for the people of Aberdeen.

Our success in achieving these aims confirms the positive role that Bon Accord Care has, and the impact we can make; by being flexible, adaptable, resource efficient and aligned with our key priorities.

We are a company with a business focus, but have a strong social conscience. Whilst we take every opportunity to consider diversification, we are conscious of our core purpose; to be a key influencer in shaping the market for social care services in Aberdeen. Therefore, we take cognisance of the need for a given service, the impact we can achieve, and the wider impact on strategic objectives. Key examples of this are the City Home Helpers and Hillylands Independent Living Centre. They both provide new service models to support "Shifting the Balance of Care" (2020 Vision, Scottish Government). They operate on the principle that they are preventative services, aimed at maintaining independence and reducing the need for more costly and sparse statutory services.

# Our Performance

This Annual Performance Report reflects what we have achieved in the operating year (August - July) and financial year (April - March). We continue to focus on our 3 strategic priorities, as aligned with the aims set out within Aberdeen City Council Strategic Business Plan Refresh 2016-17 and the Aberdeen City Health & Social Care Partnership Strategic Plan 2016-19.

## Delivering on Our Core Business

### 35%
Older People Home Care Service provided by BAC across Aberdeen

### 57%
Increase in beneficiaries from Community Equipment Store

BAC operates within a contractual framework to deliver services for ACC and ACHSCP. We consider this our core business. The operating year August '15 – July '16 has seen all key performance indicators met and exceeded.

Within the Aberdeen community we provide approximately 35% of older people home care services. During the past year, we have delivered 321,498 personal care hours to 793 service users. It is a 24 hour per day provision which includes a responder service for Community Alarm and to over 2,000 housing support tenants a week.

Our Occupational Therapy Service has seen a significant increase in our service delivery and in collaborative working.

The Hospital Direct Service, based within our Community Equipment Store, has an increased performance year on year with a positive and significant impact on discharges from hospital. In this operating year, there were 903 deliveries (a 17% increase), which helped 816 individuals (a 11% increase) and provided 1,803 items (a 13% increase). Since the inception of this service, we have seen a 52% increase in deliveries, 57% increase in beneficiaries and 65% increase in the number of items provided. This service is making a significant impact on the discharge pathway in the city.

Additionally, the Community Equipment Store provided equipment to over 16,500 people. With recycling maximised we have seen a 1% increase in items provided, but a 14% reduction in cost, even though the average cost of an individual piece of equipment has increased by 39%.

Bon Accord Care

# Our Performance

## Delivering on Our Core Business

> Throughout the inspection we were told and we saw, the positive effect that enablement training has had on the service. All staff spoken to demonstrated full commitment to promoting independence and helping people live in their own homes for as long as possible. "The organisation that I work for is totally committed to the services they provide to the service users."
>
> **- The Care Inspectorate**

Collaborative working between the Occupational Therapy (OT) and care teams has seen the embedded enablement approach flourish. There are 123 staff trained in enablement, across 18 sites, with a further 6 sites and 33 staff due by the end of September. This programme will continue to be rolled out across BAC sites, and with current resources, we should see completion by March 2018. This embedded approach has received a very positive response from service users, staff and regulators. We are currently collecting data on outcomes, including prevention of admission to hospital and support with discharge, to facilitate the sharing of this innovative practice and the impact it can achieve.

Our OT service continues to deliver to 4,122 referrals that have been received within the community. In addition, we have provided rehabilitation services within our homes at Clashieknowe (57 clients) and at Rosewell (108 clients).

Residential services within Rosewell House, Fergus House and Balnagask House have provided access to 80 places. Rosewell continues to focus on respite, with support given to 893 clients. Working in partnership with our stakeholders we have changed 18 beds to 'interim' to engage and support the delayed discharge processes.

To ensure we have a suitably qualified and skilled workforce to deliver on quality services, we have provided 16,722 hours of training, with 80 staff achieving SVQ qualifications.

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# Our Performance

'Health and social care budgets will probably reduce in real terms while the demand for services will increase. To help people remain independent at home we need to look at how we manage our resources to deliver best value for people and their carers'
*- ACC Business Plan 2016-17*

## Maximising Efficiency and Quality of Service Delivery

BAC is funded by public monies. ACC still remain accountable for the funds used to deliver public services, and by focusing on maximisation of efficiency and quality, BAC can provide reassurance that we are achieving these aims and facing the challenges.

We have made a £1million reduction in the cost of service delivery, through changes to the way we deliver services. We anticipate further efficiencies throughout 2017/18, following our recent restructure, to align with the ACHSCP locality structure.

By reviewing how we plan workloads and staff resources we have reduced overtime by 42%. This has been supported by an increase in our Support Pool Service which has delivered 85,000+ hours. The significant impact of this is a reduction in agency hours by 35%, which equates to a £680,000 decrease in expenditure in 2015/16.

Quality of service delivery is paramount, and in addition to the above financial gains, we have seen a 15% increase in the grades awarded to us by the Care Inspectorate.

"Care plans were updated and reflected the person's current care needs. We read detailed care plans in one complex that included a relative's valuable contribution in assisting to meet his wife's care needs. Staff had recognised his role in remaining a carer and the positive impact this had on both of them. He told us, "I am able to look after my wife because of the support of staff". As a result people told us the service was "first class" and "I am well looked after."

**- The Care Inspectorate**

# Our Performance

*'People, including those with disabilities or long term conditions or who are frail are able to live as far as is reasonably practicable independently and at home or in a homely setting in their community.'*
*- Outcome 2 of 9, ACHSCP Strategic Plan 2016-19*

## Commencing Innovative Services at an early Intervention Stage to reduce Demand on more Complex Services

The introduction and progress of interim beds, hospital direct service, and embedded enablement has all played their part in early intervention strategies. City Home Helpers provides a range of local services for domestic, social and companionship support so older adults and people with disabilities can continue to live in their own home and remain connected to their community for longer. This embryonic service has already provided 808 hours of service delivery to 45 clients.

The early intervention theme is continued within Hillylands Independent Living Centre. This service is now a 'one stop shop' for all low level referrals to OT services within the community.

Fully equipped and adapted to showcase what equipment is available to maximise independence, this site gives the opportunity to test equipment by individuals. In addition, the blue badge assessments will be located here and wellbeing clubs have been commenced.

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# Operational Highlights

## City Home Helpers

City Home Helpers provides a range of local services for domestic, social and companionship support so older adults and people with disabilities can continue to live in their own home and remain connected to their community for longer.

Passionate about helping people; their needs come first at all times. Our ethos is based on a traditional style, positive can do attitude, and built around a commitment to excellent customer service. We consider it a privilege to play a part in helping people to get the most out of life, knowing a little support can go a long way to help achieve this.

We believe that this service will continue to grow; we have had positive feedback from service users and from professionals who see a real need and value for this service. This is a commercial service, which in future should bring a degree of income to help assist with the pressures faced within our public funded services.

> I have been using City Home Helpers for about 5 months and I am delighted with the twice weekly service I receive.
>
> I love that I am allocated one dedicated person and am pleased that there isn't a succession of people in and out of my home.
>
> My home helper Pat is a gem and she always goes the extra mile. I look forward to Friday mornings when Pat comes and feel that the service is value for money.
>
> **Customer, City Home Helpers**

## Support Pool

We commenced this service in 2014, in response to rising agency costs, complaints and high levels of overtime and additional hour payments. The aim was to provide an in-house Support Pool which would achieve quality and resource maximisation.

The intention was to give access to employment within BAC for staff not able or willing to commit to traditional style working arrangements, and provide flexibility in service delivery which would enhance outcomes for people across our services.

This has proven to be a success and has achieved all expected benefits and continues to be developed. We now deliver a number of roles to provide a wide ranging support to our services. In addition, we supplied 6,641 hours of Relief Accommodation Officers to ACC supporting a reduction in their costs.

The initial concerns that staffing within the Support Pool would impact on the wider care delivery has proven to be unfounded; indeed we are attracting staff who would not be working in the sector. 57% are BAC staff, 28% are solely Support Pool staff, 8% works within other sectors with a total of 7% working for other agencies or providers.

The staff team receive regular supervision, undertake training, and have support mechanisms in place, which are the same as all other BAC staff. Feedback from staff and service users is that this is a positive and valuable addition to our staff team.

The Support Pool delivered
**85,000+ hours**
and saw a reduction in agency and overtime costs.

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# Operational Highlights

## Dementia Ambassadors - Contributing to the Dementia Action Plan for Aberdeen City 2014 - 2026.



Rosewell House & Balnagask House provide respite service for individuals with dementia or their carer, and Kingswood Court Day Centre is for individuals affected by dementia. In addition we provide permanent residential dementia services within Fergus House and Balnagask. Many individuals across our services have dementia and it appears to be on the increase.

In March 2016, we arranged a learning day for leaders in conjunction with the Scottish Social Service Council (SSSC) to promote the use of the Promoting Excellence Framework for Dementia Learning and Training; and to recruit, train and support Dementia Ambassadors. This event was a great success and resulted in 17 BAC staff from various services signing up to be Dementia Ambassadors.

The Dementia Ambassadors, held their first support meeting in May, where good practice, and resources were shared. All Dementia Ambassadors will be trained to the skilled level of dementia learning.

Ambassadors will be the first group of people to complete the new SSSC workbooks as evidence of their skilled level training. Though BAC have always provided dementia training for its workforce, we have a working group in place that is compiling a Dementia Strategy to adopt the Promoting Excellence Framework of Dementia Learning. This provides a more reflective way of learning for staff, in particular reference to SSSC registration. At Balnagask, we have created a Dementia Resource Information Corner, where there is useful information for residents, visitors and staff. We have also recently delivered informed dementia training to our befriender volunteers. All of these activities evidence how as an organisation we are contributing to the Dementia Action Plan for Aberdeen.

This is an exciting area of development for BAC, which will enhance the skills and knowledge of our workforce, and will positively impact on the quality of care and support for our service users.

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# Operational Highlights

## Vocational Rehibilitation Service

In June 2015 an in-house, Occupational Therapy Vocational Rehabilitation Service was created to help the company improve staff health and wellbeing and reduce staff absence rates.

The service is supported by two qualified occupational therapy staff. Managers can refer an employee to the Vocational Rehabilitation Service either to keep an employee in work if they are having functional difficulties; or else to support people back into work following an illness or injury. This process is informed by the

Scottish Executive Report 'Healthy Working Lives' (2004) which

highlights the importance of workplace rehabilitation services.



### Process Involved:

Once a work based functional issue is highlighted a referral can then be made to the Vocational Rehabilitation Service (VRS) utilising an in-house referral form. A job analysis is completed which explores the specific tasks required for an employee's role. The OT carries out a worker rehabilitation interview and access audit at the employee's place of work. A functional assessment is then carried out

which looks at the employee in the work situation. The OT completes a risk assessment and the AHP Fitness to Work Report is completed, which provides information on the functional impact of the employee's reported problem with suggestions of support to remain in, or return to, work. Each employee is reviewed after 2 months as standard and if required, on-going support provided.

30 referrals have been received since June 2015 of which 16 were absent from work at the time of referral; 14 in work with a variety of issues. 67% of issues have been resolved and staff are back to work, 3% retired and 3% were unable to be resolved. 27% are on-going cases. Staff feedback has been very positive and felt this is a more personal experience which supports getting back to work or remaining in work.

Bon Accord Care

# Operational Highlights

## Modern Apprenticeships



We are now registered with Skills Development Scotland to provide Modern Apprenticeships, which forms part of our recruitment strategy. Our profile is that of a predominately older workforce, with valuable knowledge and skills for best practice sharing amongst staff that are either new to the care sector or who have worked for many years. We are conscious of the challenges that the Health and Social Care Sector will face to attract new staff as demographics change, and through our designed training programme we will redress the balance and help with succession planning.

We are offering Modern Apprenticeships in Health & Social Care as well as Business Administration, with SVQ levels 2, 3 & 4. We have established links with a local charity who support employability schemes for young people, and together we are able to provide real apprenticeships with a proven career path.

Our Modern Apprenticeship programme also means that skills and knowledge can be transferred from our current staff team to incoming or existing members, keeping our skills in-house and passing them from one generation to the next.

In addition, we are looking to bring on engineer apprenticeships to retain the unique skill set of our Telecare Engineers.

Bon Accord Care

www.bonaccordcare.org

# Operational Highlights

## Technology Enabled Care

In 2015 - 2016 Aberdeen secured £240,000 from the Scottish Government.



The project employed two Occupational Therapists to work with the acute and Housing Sectors,  to raise awareness, provide training and undertake specialist assessments. Demonstrator wards have been set up in the three hospitals in Aberdeen, with mobile kits being made available to other wards. Support has been provided to the housing sector to encourage the use of telecare equipment. The new Dementia Resource Centre in Aberdeen has been supplied with telecare equipment, as well as training and awareness sessions delivered on a regular basis. A training programme and materials to support this has been developed. Support has also been given to facilities across the city providing intermediate care beds and work has been undertaken with the care homes operated by Bon Accord Care to support service users. A screening tool has been developed to support all staff groups to assess for telecare.

### Project Objectives:

- Increase the number of people utilising technology to support them to live independently and manage risks effectively.
- Ensure Technology Enabled Care forms an integral part of the assessment process for discharge from acute hospital.
- Expand housing sector knowledge of how technology can support people to live safely in their own homes.
- Expand the use of technology within sheltered housing settings.
- Support people living with dementia and their families to utilize telecare.
- Link with the Adapting for Change Joint Demonstrator sites Technology Enabled Care programme.

# Operational Highlights

## Technology Enabled Care

Over the past year, the TEC Programme has had a positive impact on both the Community Alarm and Telecare service in the acute sector and the community. Training has been delivered to over 272 housing staff and elected members as well as a total of 1,023 staff trained across all sectors. The work in the acute sector has achieved a 97% increase in referrals.

There are now 40 GPS devices currently in use, and from a survey undertaken 100% of people felt it gave both them and the service user more peace of mind, and 94% felt it allowed the user to remain at home. A staff survey of those involved in the TEC project showed that there was a lack of awareness of Telecare before it was introduced on their demonstrator ward. 100% of these staff now say they know more about Telecare and how it can benefit their patients. We have also held a 2 day awareness event for the housing sector which was attended by 97 people

including Housing Officers, Carers, Occupational Therapists and Tenants.

The service is also working closely with care homes and housing associations, and through relations with the ACC Housing Department were involved in their upgrade for sheltered housing to be Telecare enabled.

Bon Accord Care

www.bonaccordcare.org

# Our Organisation

We consider our staff team to be our most valuable asset. We appreciate the extremely important role they play. We are committed to ensuring that as a team we provide best value and deliver quality services.

Our contractual context ensures that staff terms and conditions are maintained, this has proven to have positive benefits:

► Staff turnover less than 4%
► Improved recruitment

We have 938 staff which equates to 623 full time equivalents. This is a reduction of 32 FTE since 2014 while delivering the same volume of service. We provide a more flexible approach for staff in work patterns which achieves positive outcomes for service users.

Evidence suggests we slant towards traditional recruitment patterns within the sector, with 90% of female staff, and a 1% increase in male staff. Females make up 29% of our Board and 60% of our Senior Management Team, and we are working towards a gender balanced, best skills approach.

Recruitment and retention plays a significant part in our workforce planning; we have 48% of our workforce over 50 and 9% under 30.

We have introduced programmes for staff development and provide Modern Apprenticeships. We value staff for their attitude and commitment; while training for skills can be given, attitude is everything.

We feel that our positive approach to recruitment is a key driver in impacting upon our low staff turnover.
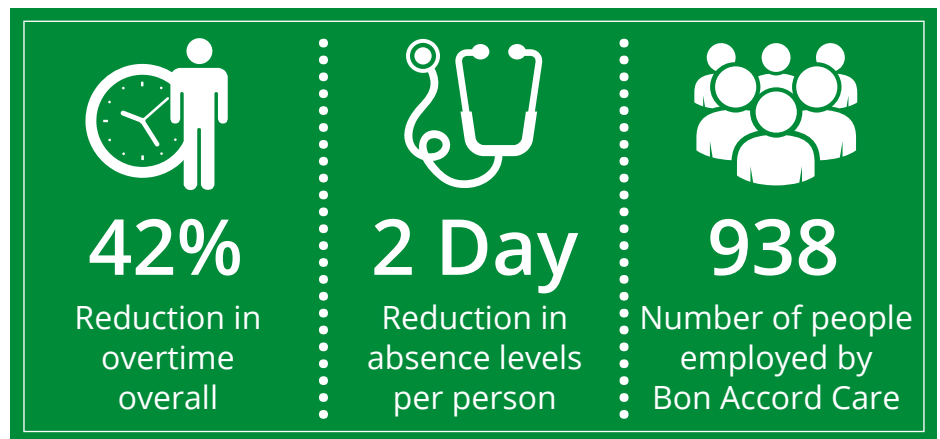
# Our Organisation

As a company we have shared 'Team targets' which allows staff to identify how they can impact on our overall performance, in particular areas closely linked with quality and finance. We have moved our targets forward each year, and in 2016 we are looking to make a significant £430,000 efficiency saving, and these targets are key drivers for our continued success. With 87% of our total expenditure being staff costs we will achieve success by targeting efficiencies in this area.

To deliver on efficiency with a reduced ability to manage financial leavers requires innovation and with this we have progressed.

We have worked to review our approach to absence management and have introduced a more proactive approach, with a focus on enabling staff to remain in work and return to work. Initiatives to support this approach are: Vocational Rehabilitation Service, utilisation of the government initiatives around return to work, and working closely with Robert Gordon University to provide a range of wellbeing measures. We have reduced absence levels by 2 days per employee in the past year, as a result.

**42%**
Reduction in overtime overall

**2 Day**
Reduction in absence levels per person

**938**
Number of people employed by Bon Accord Care

The Support Pool is providing a flexible, adaptable staffing resource to achieve positive quality, operating and financial outcomes.

We have introduced a planned approach to annual leave, where staff are encouraged to take a more proactive approach. Staff are realising the benefits of achieving their contractual annual leave within a given year, as well as having a positive impact on wellbeing.

Services can forward plan to ensure quality of service delivery and reduce disruption.

We have focused on health & wellbeing with the introduction of a staff led 'Events and Wellbeing Team'. The team achieved the Bronze Healthy Working Lives Award in October 2015.

Several well-being events were undertaken and staff actively participated, in addition the group has raised a total of £6,000 to date with further fund raising events planned in 2016. We are progressing towards the Silver Award with a target date of May 2017.

Staff engagement is extremely important to us and 4 times a year we have staff newsletters, staff forums and staff surveys.

Important events and changes are communicated through staff briefings and meetings. We have had an 11% increase in staff positivity, 82% are proud to work for BAC and 85% understand how they contribute to the company objectives.

Our Senior Management Team and Business Support Team have seen significant changes across the past

# Our Organisation



3 years and these are bearing rewards in this past year. We have reduced the size of our management team and introduced additional support roles. These roles play an important part in the delivery of quality services, realising value for money and ensuring internal governance procedures are robust and effective.

The Facility Team have introduced workplace Health & Safety audits to ensure compliance with regulations and improve staff awareness and engagement with H&S. Waste costs have been reduced by 25% and we have increased our volume of recycling and introduced food waste collections. This team has introduced a robust Quality Management System supported by a new policy & procedure

manual to facilitate consistency across the company; staff have found this to be an invaluable tool. These consistencies in practice are already influencing quality of service delivery and have been reflected in positive feedback from our stakeholders and governance arrangements.
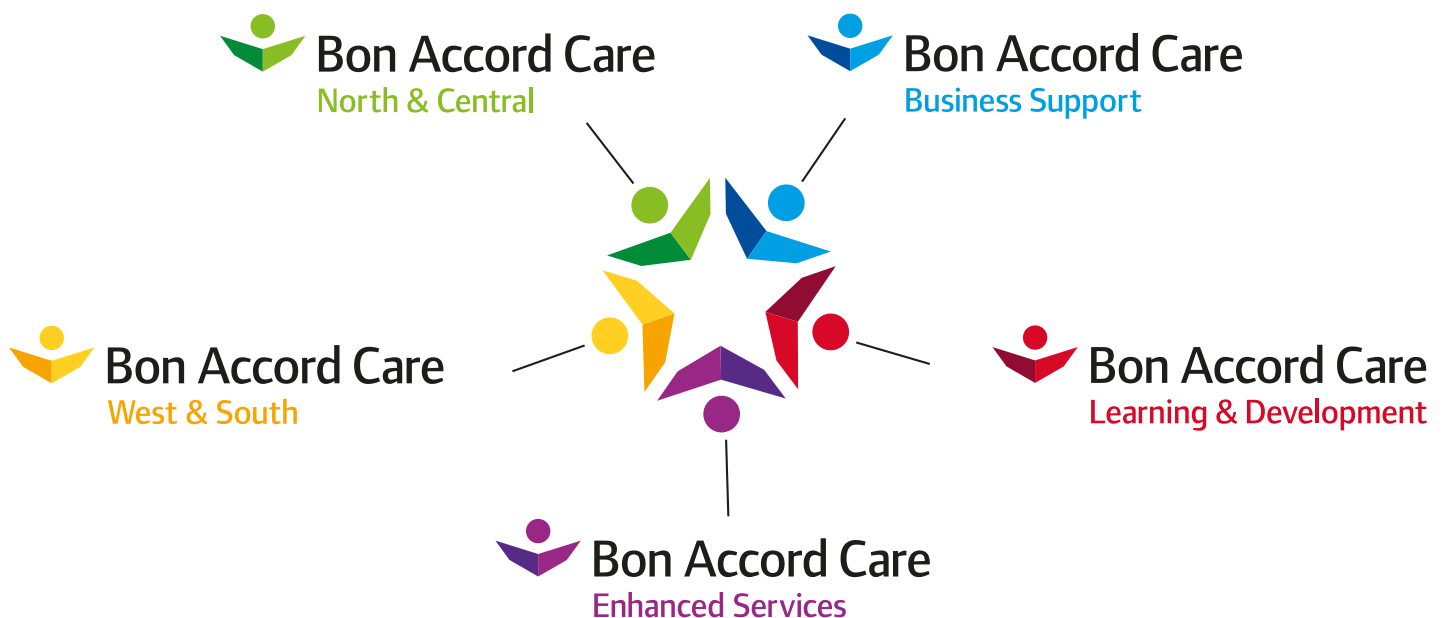
We continue to monitor, collate and report on complaints, concerns & compliments, alongside all regulatory reporting requirements. We have seen a reduction in complaints and have achieved all responses within the required timeframes.

New business development and our company engagement is assisted by the role of Business Development Manager. A key driver for this year has been the upgrade of our customer facing web site and our branding.

# Branding

As the needs of those we serve have evolved, so too has the services we offer and our organisational structure.

**Bon Accord Care**
North & Central

**Bon Accord Care**
Business Support

**Bon Accord Care**
West & South

**Bon Accord Care**
Learning & Development

**Bon Accord Care**
Enhanced Services

There has been a strong focus on improving and strengthening our brand to align this with our strategic direction and new company structure, as we continue to grow and increase our brand awareness to a more mainstream audience. This involved creating a new logo mark to reflect who we are today and to symbolise our dynamic future. This wasn't a decision that we made lightly. We are proud of our rich history, and that is why our new logo retains core elements, including the colours and star shape.

The progression from the existing 'star' identity through to that of a more contemporary and conceptual brand incorporates several company ethos elements, and represents our identity, values and heritage. Our new logo features five colourful, human-esque icons, that represent the individual subdivisions of Bon Accord Care, coming together to form a central star that is befitting of our strapline, 'Working together for your 5 star service'.

Visual identity is a small part of our overall brand expression but it remains the first connection made in people's mind. Our new logo is a fresh approach and presents an opportunity to build every level of the organisation around our brand; giving the ability to communicate effectively and consistently across various channels to our stakeholders. We are aware that changing a logo is a process that can involve many steps and take some time, so we will finalise it gradually.

# Finance Report

2015/16 has built on the positive results of last year.

**Alistair MacLean, Finance Director**

We have increased the trading surplus to £117,000 (2014/15, £47,000), which is a particularly satisfying result as the company has delivered a significant level of recurring efficiency savings to achieve this.

Once we reflect the adjustments required under FRS102, recognising the reductions in the pension fund liability of £1,232,000 and in accruals for holiday pay of £45,000, we report a total consolidated comprehensive income of £1,394,000. The total pension liability reported at 31 March 2016 is £9,062,000 (2015, £10,294,000).

To support this financial position the Board has requested and has received a written assurance from Aberdeen City Council (ACC) of their intention to continue to provide funding in support of both Bon Accord companies to enable them to meet their financial obligations as they fall due. Given this assurance the Directors are satisfied of the companys' ability to continue to operate on a going concern basis.

The financial performance for 2015/16 is summarised on the following page.

# Finance Report

## Bon Accord Care & Bon Accord Support Services Limited

## Consolidated Profit & Loss Accounts for 2015/16

| | 2015/16 £000s | 2014/15 £000s |
|---|---|---|
| **Incomes** | | |
| Core ACC contract | 26,146 | 25,977 |
| New business : Homeless Service | 64 | 0 |
| New business : City Home Helpers | 9 | 0 |
| Other Incomes | 677 | 615 |
| **Total Incomes** | **26,896** | **26,592** |
| **Operating Costs** | | |
| Staff costs : Payroll | (20,303) | (20,327) |
| Support Pool | (1,003) | (282) |
| Agency | (1,316) | (1,996) |
| Premises | (1,606) | (1,646) |
| Supplies & services | (2,020) | (1,916) |
| Transport | (303) | (299) |
| Other operating costs | (226) | (234) |
| **Total Operating Costs** | **(26,777)** | **(26,700)** |
| Stock revaluation | 0 | 172 |
| **Surplus before Interest, Depreciation and Tax** | **119** | **64** |
| Interest receivable | 30 | 13 |
| Depreciation | (30) | (30) |
| Corporation tax | (2) | 0 |
| **Trading Surplus** | **117** | **47** |
| Decrease / (increase) in pension liability | 1,232 | (2,057) |
| Decrease in holiday pay accrual | 45 | 49 |
| **Comprehensive Income / (Expense) Reported in the Statutory Accounts** | **1,394** | **(1,961)** |

# Finance Report

2015/16 was not without its challenges, the company was asked to deliver operational efficiencies of £700,000 and had to absorb increased employer pension contribution costs of £316,000 associated with our staffs' membership of the North East of Scotland Pension Fund, a defined benefit arrangement.

Our targets have been achieved through a combination of the following:

1. **The realisation of benefits from the staff rota streamlining exercise completed in 2014/15.**

2. **Re-engineering the Enablement Service to an embedded model delivered by our Personal Care staff.**

3. **Expansion of the Support Pool Service replacing more expensive bought-in agency staff.**

4. **Reduction in average staff sickness levels.**

5. **Improved management of annual leave.**

## £1M
### Efficiency Saving

## £117,000
### Trading Surplus

You will see from the financial schedule (Page 23) that company operating costs 2014/15 are very close to 2015/16, this demonstrates that we have, through the previously referred initiatives, absorbed annual staff pay increases of £600,000 and increased employer pension costs of £316,000. This with the generation of £135,000 of additional new business and other incomes has delivered approximately £1,000,000 of efficiency savings in the year. This is a significant achievement as we also maintained service levels and improved service quality (as assessed by the Care Inspectorate).

As outlined in 2014/15 Annual Report, 2015/16 saw the beginning of new initiatives to develop business

# Finance Report



opportunities away from our core business with ACC. Most notable of these has been the set-up of a project, City Home Helpers, to deliver flexible, high quality "home help" services, which are responsive to the needs of people within Aberdeen. The ultimate aim is to provide support to enable people to live fuller, more productive lives, in their own homes and local communities. We see some meaningful growth in our customer base and income generated in recent months.

Perhaps more significant has been the success of the Support Pool initiative. We have set-up an internal staffing agency to service our own needs for flexible staff, replacing more expensive bought-in agency staff. From this business we have

diversified to supply administration staffing to the Homelessness Service run by ACC. This has been very successful with an average of 500 hours a month being sold to ACC in 2015/16 generating profit for ourselves and savings to ACC. Recent (summer) months have seen us supply over 1,000 of admin staff hours to ACC. This new business has benefitted the company by generating savings of £135,000 in respect of Support Pool staffing plus £15,000 profit from the Homelessness Service in 2015/16. 2016/17 will improve on these figures.

Looking forward it is clear that we have now entered a phase of restricted funding for our core services. ACC are expecting

significant reductions to their overall budget in the coming years. Recognising this, Bon Accord Care has contingent planning in place to deal with the expected reduction in overall funding in the medium term and the Directors are confident that through a comprehensive review of all its services, management practices and operational delivery methods our organisation will meet its business obligations to Aberdeen City Council and more importantly continue to deliver the highest level of quality care to our customers, the citizens of Aberdeen.

# Testimonials

What our clients and families say about our services:



" The service is excellent and the staff are competent, timely and very friendly. We consider ourselves very fortunate to be looked after by Bon Accord Care. "

" I am delighted with the care I receive and appreciate all the help I get. I could not continue to live at home if I did not receive this support. Thank you. "

" Excellent and absolutely faultless. I really enjoyed my stay. "

" My requirements were acted on with professionalism and speed. "

" Excellent service, my mother was assessed and plan in place immediately. "

" When discharged from hospital I had aids to help me straight away and had support from then. "

" I was treated with the most of respect and in a timely manner. A very pleasant experience. "

" We are extremely satisfied with Bon Accord Care, without whom we would be unable to cope at home. "

" Great care is provided in a very warm and welcoming atmosphere, and I can go away to my work without having to worry about Dad. "

" The support and care I receive is excellent. The carers are caring and thoughtful. "

Bon
Accord
Care